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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 MAY -9 PM 4:27

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Re'life LLC

2. The complete street and mailing addresses of the initial designated/principal office:

1060 October Cove, Shelley, ID 83274

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Don West

(Name)

1060 October Cove, Shelley, ID 83274

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

NameAddress

Don West

1060 October Cove, Shelley, ID 83274

Rory Kunz

1060 October Cove, Shelley, ID 83274

Mike Morgan

1060 October Cove, Shelley, ID 83274

5. Mailing address for future correspondence (annual report notices):

c/o: 1060 October Cove, Shelley, ID 83274

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Karla Figueroa, Legalzoom.com, Inc.

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

05/09/2011 05:00

CK: 673953 CT: 172099 BH: 1272981

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