



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 NOV 18 AM 9:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Smile Live Shine, LLC

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

217 Cedar Street Suite 200 Sandpoint Idaho 83864

(Street Address)

Same as above

(Mailing Address, if different than street address)

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

Aragon Miller

(Name)

217 Cedar Street Suite 200 Sandpoint ID 83864

(Street Address)

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

Name

Address

Aragon Miller

217 Cedar Street Suite 200 Sandpoint ID 83864

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

217 Cedar Street Suite 200 Sandpoint ID 83864

6. Future effective date of filing (optional): N/A

Signature of a manager, member or authorized person.

Signature Gabrielle Huguenin

Typed Name: Gabrielle Huguenin

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/18/2011 05:00
CK: 1017 CT: 264265 BH: 1290599
1 @ 100.00 = 100.00 ORGAN LLC # 2

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