



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 FEB -4 AM 9:29

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

HEALTHY 4 YOU 2, LLC

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

2291 EAST 200 NORTH, ST. ANTHONY, IDAHO 83445

(Street Address)

(Mailing Address, if different than street address)

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

Brad Ostermiller

(Name)

2291 E 200 N., St. Anthony, ID 83445

(Street Address)

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

Name

Address

LINDA OSTERMILLER

2291 EAST 200 NORTH, ST. ANTHONY, ID 83445

BRAD OSTERMILLER

2291 EAST 200 NORTH, ST. ANTHONY, ID 83445

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

2291 EAST 200 NORTH, ST. ANTHONY, ID 83445

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Linda Ostermiller

Typed Name: LINDA OSTERMILLER

Signature

Brad Ostermiller

Typed Name: BRAD OSTERMILLER

Secretary of State use only

IDAHO SECRETARY OF STATE
02/04/2013 05:00
CK: 8459 CT: 278970 BH: 1358689
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