

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN -7 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Healthy Life LLC

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

705 Lemhi Rd. Salmon, Idaho 83467

(Street Address)

(Mailing Address, if different than street address)

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

David J Tarkelson

(Name)

705 Lemhi Rd Salmon, Idaho 83467

(Street Address)

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

Name

Address

David J Tarkelson705 Lemhi Rd Salmon, Idaho 83467

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

705 Lemhi Rd Salmon, Id. 83467.

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

David James TarkelsonTyped Name: David J. TARKELSON

Signature _____

Typed Name: _____

Secretary of State use only

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 Revised 07/2008

IDAHO SECRETARY OF STATE
 06/07/2010 05:00
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