

251

FILED EFFECTIVE



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2010 JUN 11 PM 1:41

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Aroma Technique LLC

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

12 W. Main St Suite 3
(Street Address)

12 W. Main St Rexburg, ID 83440
(Mailing Address, if different than street address)

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

Stepheni Cornelison 3379 White Pine St
(Name) Stepheni Cornelison (Street Address)
Rexburg ID

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

Stepheni Cornelison 3379 White Pine St Rexburg ID
Name _____ Address _____

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

12 W. Main St. Suite 3 Rexburg ID

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 Stepheni Cornelison
Typed Name: Stepheni Cornelison

Signature _____

Typed Name: _____

LCorpMgmt LLC Form 100-0000000
Revised 07/2010

Secretary of State use only

IDAHO SECRETARY OF STATE
06/11/2010 05:00
CK: 455236 CT: 172899 DH: 1226347
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