



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 JAN -4 PM 2:48

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lab Wise LLC

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

3750 S. Firenze Way Meridian, ID 83642

(Street Address)

same above

(Mailing Address, if different than street address)

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

Bret Anderson

(Name)

3750 S. Firenze Way Meridian, ID 83642

(Street Address)

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

Name

Address

Bret Anderson

3750 S. Firenze Way Meridian, ID 83642

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

3750 S. Firenze Way Meridian, ID 83642

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Bret Anderson

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/04/2013 05:00
CK: 134 CT: 277879 BH: 1354317
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