



**CERTIFICATE OF ORGANIZATION** **FILED EFFECTIVE**  
**LIMITED LIABILITY COMPANY**

(Instructions on back of application)

11 JAN 18 AM 8:45

1. The name of the limited liability company is:  
**ENTIRELY NATURAL, LLC** **SECRETARY OF STATE**  
**STATE OF IDAHO**

2. The complete street and mailing addresses of the initial designated/principal office:  
**206 WHIP SAW ROAD, MOYIE SPRINGS, ID 83845**

(Street Address)

**PO BOX 562, MOYIE SPRINGS, ID 83845**

(Mailing Address, if different than street address)

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

**JULIE SMITH**

(Name)

**206 WHIP SAW ROAD, MOYIE SPRINGS, ID 83845**

(Street Address)

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

**Name**

**JULIE SMITH**

**Address**

**206 WHIP SAW ROAD, MOYIE SPRINGS, ID 83845**

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

**PO BOX 562, MOYIE SPRINGS, ID 83845**

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: **JULIE SMITH**

Secretary of State use only

Signature

\_\_\_\_\_

Typed Name:

cert\_org\_llc Rev. 07/2010

IDAHO SECRETARY OF STATE  
**01/18/2011 05:00**  
 CK: NO CK # CT: 254461 BH: 1255680  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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