



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 APR -7 AM 10:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Natural Helpers LLC

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

240 Iowa Street, Boise, ID 83706

(Street Address)

(Mailing Address, if different than street address)

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

Christopher Laumann

(Name)

240 Iowa Street, Boise, ID 83706

(Street Address)

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

Name

Address

Christopher Laumann

240 Iowa Street, Boise, ID 83706

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

240 Iowa Street, Boise, ID 83706

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Christopher Laumann

Signature _____

Typed Name: _____

Secretary of State use only

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04/07/2014 05:00
CK: 1792602 CT: 172099 BH: 1418877
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