



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2017 FEB 24 AM 8:34**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

**PRO EDGE NUTRITION, LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

**645 W Laughton Dr Meridian, ID 83646**

(Street Address)

(Mailing Address, if different)

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

**InCorp Services, Inc.**

**1524 S Vista Ave Boise, ID 83705**

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

**Conrad Jeffries**

**645 W Laughton Dr Meridian, ID 83646**

(Name)

(Address)

**Timothy Myer**

**645 W Laughton Dr Meridian, ID 83646**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**645 W Laughton Dr Meridian, ID 83646**

(Address)

Signature of organizer(s).

Signature: Christine Cimadon

Printed Name: Christine Cimadon

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**02/24/2017 05:00**

CK:2829 CT:315046 BH:1570629

1@ 100.00 = 100.00 ORGAN LLC #2

**W179006**