

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

The name of the limited liabil	Iity company is: STATE OF IDAHO
	iThrive For Life L.L.C.
5274 E. Sawmill Way Boise, Id.	ing addresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street as	ddress)
3. The name and complete stree	et address of the registered agent:
Rick Anson	5274 E. Sawmill Way Boise, Id. 83716
(Name)	(Street Address)
The name and address of at l company:	least one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Rick Anson	5274 E. Sawmill Way Boise, Id. 83716
-	
5. Mailing address for future cor	respondence (annual report notices):
5274 E. Sawmill Way Boise, Id.	
6. Future effective date of filing	(optional):
Signature of a manager, memberson.	per or authorized
	Secretary of State use only
Typed Name: Rick Anson	
Typed Marrie Marriagon	TRAIN CERRETARY OF THE
Signature	IDAHO SECRETARY OF STATE 08/12/2011 05:00 CX: CASH CT: 81545 BH: 1286348
Typed Name:	1 F 188.80 = 188.80 ORSAN LLC # 2

cert_org_lic Rev. 07/2010

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