

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 FEB -8 AM 9: 00

(Instructions on ba	ack of application)	10125 0 1
1. The name of the limited liability of	· · · · · · · · · · · · · · · · · · ·	SECRETARY OF STATE STATE OF IDAHO
	Herbs LLC	
2. The complete street and mailing	_	esignated/principal office:
708 E. Mc Kinler		
(Mailing Address, if different than street address	1 83712	
		naont:
3. The name and complete street a		
Jennifice Scott	708 E. M	CKinley St Bose ID 83760
(Name)	(Street Address)	83712
4. The name and address of at leas		
company:	of othe member of manag	er of the infinted maching
Name		Address
Jennifee Scott	708 E. MCR	Linley St Boise ID 8371
and the second of the second o		
		<u>I</u>
5. Mailing address for future corres	pondence (annual report	notices):
708 E. McKinley	St-Boise FD S	83712
6. Future effective date of filing (opt	tional):	
Signature of organizer(s). (An organizer	is a member, or is	
acting in behalf of a member or members)	a	Secretary of State use only
Signature Junes Stoll	E PW	
Typed Name! Jonnifee Sot	+	
	Promist LC formstoert, ong AC PAID	IDANO SECRETARY OF STATE
Signature	DO Per 02/1	CK: 1961 CT: 244717 BH: 1287896
Typed Name:	Paris	7 E 100'80 ~ 100'80 GVONE FFC 8 C