



(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

- 1. The name of the limited liability company is:**

Pearce Nutrition LLC

- 2. The complete street and mailing addresses of the initial designated/principal office:**

2727 Burgdorf Way, Meridian, Idaho 83642

(Street Address)

(Mailing Address, if different than street address)

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

Austan Pearce

(Name)

2727 Burgdorf Way, Meridian, Idaho 83642

(Street Address)

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

Name

Austan Pearce

Address

2727 Burgdorf Way, Meridian, Idaho 83642

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

2727 Burgdorf Way, Meridian, Idaho 83642

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____

Typed Name: Austan Pearce

Signature _____

Typed Name: _____

Secretary of State use only

1:compformu@llc formatcart_0rg_llc.PMD
Revised: 07/2009

IDAHO SECRETARY OF STATE
09/29/2008 05:00
CK: 35488 CT: 2618 BH: 1137771
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