



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 JUL -8 PM 12: 01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Naturalist LLC

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

4290 W. Chinden Blvd. Suite A Boise, ID 83714

(Street Address)

(Mailing Address, if different than street address)

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

Leland M. Banner

(Name)

4290 W. Chinden Blvd. Suite A Boise, ID 83714

(Street Address)

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

Name

Address

Leland M. Banner

4290 W. Chinden Blvd. Suite A Boise, ID 83714

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

4290 W. Chinden Blvd. Suite A Boise, ID 83714

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

Signature of a manager, member or authorized person.

Secretary of State use only

Signature _____

Typed Name: Leland Banner

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
07/11/2011 05:00
CK: 727712 CT: 172099 BH: 1281962
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