



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAR -2 AM 9:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

C R Supplements, LLC

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

873 Red Fir Road, Kooskia, Idaho 83539

(Street Address)

873 Red Fir Road, Kooskia, Idaho 83539

(Mailing Address, if different than street address)

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

Varrell Jackson

(Name)

873 Red Fir Road, Kooskia, Idaho 83539

(Street Address)

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

Name	Address
Joe Holliman	594 Fish Hatchery Road, Grangeville, Idaho 83530
Roberta Paul	702 Fall Avenue, Kooskia, Idaho 83539
Tanya Jacks	320 W. No. 2nd. St., Grangeville, Idaho 83530
Judy Cutlip	P.O. Box 385, Kooskia, Idaho 83539
Guy Park	220 Lone Pine, Grangeville, Idaho 83530

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

873 Red Fir Road, Kooskia Idaho 83539

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

Signature of a manager, member or authorized person.

Signature Varrell Jackson

Typed Name: Varrell Jackson

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/02/2015 05:00

CK:1005 CT:307087 BH:1464053

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