

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
09 JAN 29 AM IO: 41

SECRETARY OF STATE STATE OF INAMO

1.	The name of the limited liability con	npany is:		STATE UP TUAN	10
	Na	ature's Wisdom, I	LLC		
2.	The complete street and mailing addresses of the initial designated/principal office: 824 W. Florida Ave., Nampa, ID 83686 (Street Address) 119 S. Valley Dr., Suite A, PMB 176, Nampa, ID 83686				
	(Mailing Address, if different than street address)				
3.	The name and complete street address of the registered agent:				
	Christina Jenkins		V. Florida Ave., Nampa	, ID 83686	
	(Name)	(Street Address)			
4.	The name and address of at least one member or manager of the limited liability company:				
	Name	Address			
	Christina Jenkins	824 V	, ID 83686		
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				<u> </u>	•
	98				
5.	Mailing address for future correspondence (annual report notices):				
	119 S. Valley Dr., Suite A, PMB 176, Nampa, ID 83686				
6.	Future effective date of filing (option	al):			
Signature of organizer(s). (An organizer is a member, or is					:
_	ng in behalf of a nember or members).			5 Chata was and	
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ıур	ped Name: Christina Jenkins		ID 31/i 80 CK: CAS 1 9 189.	HO SECRETARY OF STATE	
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