

CERTIFICATE OF ORGANIZATION

FILED EFFECTIVE

LIMITED LIABILITY COMPANY 11 NOV 22 AM 9:41 (Instructions on back of application) WILL RETARY OF STAIL STATE OF IDAHO 1. The name of the limited liability company is: Natural Balance, LLC 2. The complete street and mailing addresses of the initial designated office: 7668 N Waterlilly Ave., Boise, ID 83714 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: 7668 N Waterlilly Ave., Boise, ID 83714 Kristina Jensen (Street Address) (Name) 4. The name and address of at least one member or manager of the limited liability company: **Address** <u>Name</u> 7668 N Waterlilly Ave., Boise, ID 83714 Thomas Jensen 7668 N Woter : My Ave Boise ID82714 5. Mailing address for future correspondence (annual report notices): 7668 N Waterlilly Ave., Boise, ID 83714 6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Kinting Effection Typed Name: Kristina Jensen

Signature Thomas

Typed Name: Thomas Jensen

Secretary of State use only

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