

FILED EFFECTIVE

251



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

2010 AUG -5 PM 3:46

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DERMA THERAPEUTICS LLC

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

680 4th St E, Ketchum ID 83340

(Street Address)

P.O. Box 6553, Ketchum ID 83340

(Mailing Address, if different than street address)

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

Angelica Collins

(Name)

291 W. Sun Valley, Ketchum ID 83340

(Street Address)

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

Angelica Collins

Name

291 W. Sun Valley, Ketchum

Address

ID 83340

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

P.O. Box 6553, Ketchum ID 83340

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

Signature of a manager, member or authorized person.

Signature

Typed Name:

Angelica Collins

Secretary of State use only

Signature _____

Typed Name: _____

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