

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

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(E ! D	(Instructions on back of applicati	
1. <sup>-</sup>	The name of the limited liability company is:	SECRE ARY OF STA <b>TE</b> STATE OF IDAHO
• •	Wholesome Grove ILC	OF IDAHO
2 -	The complete street and mailing addresses of t	he initial designated/principal office:
	331 East Main	
	(Street Address)	71111KIIII, 11) 0 323 1
	(Mailing Address, if different than street address)	
3. 7	The name and complete street address of the re	egistered agent:
,	Julie Crosgrove 331 (Name) (Street Address	East Main
	The name and address of at least one member company:	or manager of the limited liability
	Name	Address
•	Julie Crosgrove 331	Bast Main, Franklin ID
	U	83237
5. N	Mailing address for future correspondence (ann	ual report notices):
	331 East Main Franklin,	•
6. F	uture effective date of filing (optional):	
_	ature of a manager, member or authorized	
perso	on.	Secretary of State use only
Signa	ature DUPM. CVB8 9000C	
•	d Name: JULIE M. CROSGROVE	
<b>≯</b> F −		11/15/2010 SECRETARY OF STATE CK: 1268 CT: 252788 PM: 1275
Signa	ature	
•	d Name:	100.00 = 100.00 ORGAN LLC # 2

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