

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JAN 24 AM 9:00

1.	The name of the limited liability com	pany is:	SECRE BY OF STATE STATE OF IDAHO	
	Whole Foundation, LLC			
2.	The complete street and mailing addresses of the initial designated/principal office:  1280 W Bacall St. Meridian, Idaho 83646  (Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Sara Elizabeth Chandler	1280 W Bacall St. Meridia	an, Idaho 83646	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	Name	_	Address	
	Sara Elizabeth Chandler	1280 W Bacall St. Meridia	an, Idano 83646	
5.	Mailing address for future correspondence (annual report notices):  1280 W Bacall St. Meridain, Idaho 83646			
6. Future effective date of filing (optional):				
per	nature of a manager, member or son.  nature <u>Ufa Climale II.</u> ped Name: Sara Elizabeth Chandler	authorized Mandle	Secretary of State use only	

Signature \_\_\_\_\_\_
Typed Name: \_\_\_\_\_

100HO SECRETARY OF SIME 01/24/2011 05 # 20 CK: 487 CT: 254659 BH: 1256652 1 8 180.96 = 196.80 ORGAN LLC # 2 1 8 29.88 = 29.60 EXPEDITE C #

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