



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAY 13 PM 2:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Ataraxis Connect, LLC

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

600 N Curtis Rd, Suite 101, Boise, ID 83706

(Street Address)

(Mailing Address, if different than street address)

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

Stephen Cilley

(Name)

600 N Curtis Rd, Suite 101, Boise, ID 83706

(Street Address)

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

Name

Address

Ataraxis, Inc.

600 N Curtis Rd, Suite 101, Boise, ID 83706

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

600 N Curtis Rd, Suite 101, Boise, ID 83706

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Stephen Cilley

Signature

Typed Name:

Secretary of State use only

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05/13/2013 05:00
CK: 1397750 CT: 172099 BH: 1373596
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