

## CERTIFICATE OF ORGANIZATION

		FILE
CERTIFICATE	OF ORGANIZATI	ON POLITICAL STATE STATE OF LAND STATE
LIMITED LIA	BILITY COMPAN	Y Secon S AM P.
(Instructions	on back of application)	\$7
1. The name of the limited liab	nility company is:	CONTRACTOR OF THE STATE OF THE
MINI ORGANICS SKIN CARE L		200
2. The complete street and ma	iling addresses of the initial	designated office:
	SUITE 138, COEUR D'ALENE IC	•
(Street Address)		
(Mailing Address, if different than street	address)	
3. The name and complete stre	eet address of the registere	d agent:
ROB MOORE	2005 Ironwood Plane	, Ste. 138, Coeur d'Alene ID 83814
(Name)	(Street Address)	, Ste. 136, Coeur d'Alene ID 83814
ROB MOORE	2005 Ironwood Pkwy,	Address , Ste. 138, Coeur d'Alene ID 83814
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<ol> <li>Mailing address for future co 2005 Ironwood Parkway, Suite 1</li> </ol>		rt notices):
6. Future effective date of filing	(optional):	
Signature of a manager, mem person.	ber or authorized	
$\sim 1/2$		Secretary of State use only
Signature ROB MOORE	<u> </u>	÷
yped Name: ROB MOORE		
Signature		IDAHO SECRETARY OF STATE
ignature yped Name:		IDAHO SECRETARY OF STATE <b>94/25/2013 05:00</b> CK: 10119 CT: 139799 BH: 137105

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