



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV 14 AM 8:46

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Reclaimed Life, L.L.C.

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

473 S. Wood Haven Ave., Hammett, ID 83627

(Street Address)

P.O. Box 91, Hammett, ID 83627

(Mailing Address, if different than street address)

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

Denise Woods

(Name)

473 S. Wood Haven Ave, Hammett, ID 83627

(Street Address)

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

**Name**

**Address**

Denise Woods

P.O. Box 91, Hammett, ID 83627

Brett Woods

P.O. Box 91, Hammett, ID 83627

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

P.O. Box 91, Hammett, ID 83627

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Denise Woods

Signature

Typed Name: Brett Woods

Secretary of State use only

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IDAHO SECRETARY OF STATE  
11/14/2008 05:00  
CX: 4751 CT: 238318 BH: 1144416  
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