



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code
Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 JUL 13 AM 10:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

White Cypress Natural Health LLC

(Remember to include the words "Limited Liability Company," "Limited Companyj," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

1327 E Pennsylvania Ave Coeur d'Alene ID 83814
(Street Address) (City) (State) (Zipcode)

_____ (City) (State) (Zipcode)
(Mailing Address, if different)

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

Lindsey Sichelstiel 1327 E Pennsylvania Ave Coeur d'Alene ID 83814
(Name) (Address) (City) (State) (Zipcode)

4. The name and address of at least one governor of the limited liability company:

Lindsey Sichelstiel 1327 E Pennsylvania Ave Coeur d'Alene ID 83814
(Name) (Address) (City) (State) (Zipcode)

_____ (City) (State) (Zipcode)
(Name) (Address)

_____ (City) (State) (Zipcode)
(Name) (Address)

_____ (City) (State) (Zipcode)
(Name) (Address)

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

1327 E Pennsylvania Ave Coeur d'Alene ID 83814
(Address) (City) (State) (Zipcode)

Signature of organizer(s).

Printed Name: Lindsey Sichelstiel

Signature:

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/13/2015 05:00

CK:1081 CT:312367 BH:1483721
1@ 100.00 = 100.00 ORGAN LLC #2

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