



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 DEC 19 PM 12:03

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Adamson Natural Remedies LLC.

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

29 E Fairview ave Idaho 83642 (Room 211) *Meridian ID*

(Street Address)

(Mailing Address, if different than street address)

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

Heith Adamson

(Name)

4103 N Vera Boise ID 83704

(Street Address)

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

Name

Address

Heith Adamson

4103 N Vera Boise ID 83704

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

4103 N Vera Boise ID 83704

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

Signature of a manager, member or authorized person.

Signature *Heith Adamson*

Typed Name: Heith Adamson

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/19/2013 05:00
CK: CASH CT: 290830 BH: 1402529
1 @ 100.00 = 100.00 ORGAN LLC # 2

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