



**CERTIFICATE OF ORGANIZATION *FILED EFFECTIVE*
LIMITED LIABILITY COMPANY** **10 JAN - 8 AM 8:30**

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MMA HEALTH SCIENCE, LLC

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

404 S. 8TH STREET, SUITE 200, BOISE, ID, 83702

(Street Address)

(Mailing Address, if different than street address)

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

TSUVO, INC.

404 S. 8TH STREET, SUITE 200, BOISE, ID, 83702

(Name)

(Street Address)

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

Name

TSUVO, INC.

Address

404 S. 8TH STREET, SUITE 200, BOISE, ID, 83702

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

404 S. 8TH STREET, SUITE 200, BOISE, ID, 83702

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 Matthew Wolff

Typed Name: MATTHEW WOLFF

Signature _____

Typed Name: _____

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Revised 07/2008

Secretary of State use only

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IDAHO SECRETARY OF STATE
01/08/2010 05:00
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