



# 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.

(Name)

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

(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: \_\_\_\_\_

Secretary of State use only

W 89623

IDAHO SECRETARY OF STATE  
01/08/2010 05:00  
CK: 815 CT: 243183 BH: 1202491  
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