



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2009 DEC 30 PM 12: 51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Just Lose It, LLC

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

9416 Andee K Lane, Pocatello, Idaho 83205

(Street Address)

(Mailing Address, if different than street address)

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

Dahri Suttner

(Name)

9416 Andee K Lane, Pocatello, Idaho 83205

(Street Address)

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

Name

Dahri Suttner

Address

9416 Andee K Lane, Pocatello, Idaho 83205

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

9416 Andee K Lane, Pocatello, Idaho 83205

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 Conrad J. Aiken

Typed Name: Conrad J. Aiken

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

12/30/2009 05:00
CK: 3858 CT: 169988 BH: 1201196
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