

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 JUL 13 AM 10: 14

(Instructions on back of application)

The nee	as of the limited liabili	ih. comment ic.		SECHETARY C STATE OF I	A STATE
	ne of the limited liabili	ty company is:		Offic Of h	
	UTRITION, LLC				_
	nplete street and maili ERLIN DR, IDAHO FALLS	•	nitial designated o	office:	
(Street Ad-	dress)				-
(Mailing A	ddress, if different than street ad	dress)		<del></del>	-
	ne and complete stree	·	stered agent:		<b> </b>     <b> </b>
Bruce	e Denney	<u> </u>	in Drive, Idaho	Falls, ID 83	404
(Name)		(Street Address)			_
The nan	-	east one member or r	J	nited liability	
JORDAI	<u>Name</u> N GOODSELL	4563 E SE	<u>Address</u> RENITY LANE, ID	AHO FALLS, ID	83406
					-
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. Mailing a	address for future corr	espondence (annual	report notices):		<u> </u>
_	ERLIN DRIVE, IDAHO FAL	•	- <b>,</b> ,-		i
					- i
. Future e	effective date of filing (	optional):			_
ignature o erson.	of a manager, memb	er or authorized			
		8-	Secretary o	f State use only	
gnature	1/0/	10		SECRETARY OF	
yped Name	JORDAN GOODSELL			13/2015 05	
				CT:109932 BH = 100.00 OR	
ignature		!			
yped Name	<b>)</b> :				

cert\_org\_lic Rev. 07/2010 W153895