



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUN 24 AM 9:21

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:  
Elite Nutrition Consulting, LLC
2. The complete street and mailing addresses of the initial designated office:  
20310 Autumn Lane Idaho Falls, ID 83404  
 (Street Address)  
\_\_\_\_\_  
 (Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:  

<u>Malinda Barnes</u>	<u>2031 Autumn Lane Idaho Falls, ID 83404</u>
(Name)	(Street Address)
4. The name and address of at least one member or manager of the limited liability company:
 

Name	Address
<u>Malinda Barnes</u>	<u>2031 Autumn Lane Idaho Falls, ID 83404</u>
_____	_____
_____	_____
_____	_____
_____	_____
5. Mailing address for future correspondence (annual report notices):  
2031 Autumn Lane Idaho Falls, ID 83404
6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature *Malinda Barnes*  
 Typed Name: Malinda Barnes

Signature \_\_\_\_\_  
 Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
 06/24/2013 05:00  
 CK: 2002 CT: 268386 BH: 1379378  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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