



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 AUG -3 AM 9:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DR STAR PRODUCTS.COM LLC

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

329 S WOODRUFF AVE IDAHO FALLS, ID 83401

(Street Address)

329 S WOODRUFF AVE IDAHO FALLS, ID 83401

(Mailing Address, if different than street address)

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

KIM BOWMAN

(Name)

329 S WOODRUFF AVE IDAHO FALLS, ID 83401

(Street Address)

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

Name

Address

KIM BOWMAN

329 S WOODRUFF AVE IDAHO FALLS, ID 83401

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

329 S WOODRUFF AVE IDAHO FALLS, ID 83401

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: KIM BOWMAN

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/03/2011 05:00
CK: 1156 CT: 232372 BH: 1285052
1 @ 100.00 = 100.00 ORGAN LLC # 2

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