

Signature\_\_ Typed Name: \_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIV

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(Instructions on back of application)

SECRETARY OF STATE 1. The name of the limited liability company is: STATE OF IDAHO Clue Supplements LLC 2. The complete street address, and mailing address if different, of the initial designated/ principal office: 2475 SW 3rd Ave., Fruitland, Idaho 83619 3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent: National Registered Agents, Inc. 1423 Tyrell Lane Boise, ID 83706 County of Ada The name and address of at least one member or manager of the limited liability company: Name Address Carl Albert Lueck c/o: 2475 SW 3rd Ave., Fruitland, Idaho 83619 5. Mailing address for future correspondence (annual report notices): c/o: 2475 SW 3rd Ave., Fruitland, Idaho 83619 6. Future effective date of filing (optional): Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member Secretary of State use only or members). rpYforms\LLC forms\cert\_org\_llc.PMD Revised 07/2008 Signature Typed Name: Karmelia Fredrick, Legalzoom.com, Inc.