FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION

OF

2013 JAN 16 AM 8:58

GAIL'S NATURAL WOOL PRODUCTS, LLC

SECRETARY OF STATE STATE OF IDAHO

The undersigned, in order to form a limited liability company under the provisions of Title 30, Chapter 6, Idaho Code, submits the following certificate of organization to the Secretary of State.

I

The name of the limited liability company is Gail's Natural Wool Products, LLC

H

The complete street address of the initial designated office is, and the name of the registered agent at that address is:

Dr. Gail Ford DO 3380 W 3400 N Moore, ID 83255

IV

The name and post office address of the at least one member is as follows:

Dr. Gail Ford DO 3162 N 3350 W Moore, ID 83255

 \mathbf{V}

The mailing address of the limited liability company shall be: 3380 W 3400 N, Moore, ID 83255

VI

The limited liability company is to have perpetual existence.

IDAHO SECRETARY OF STATE

1/16/2013 05:00

CK: 8395 CT: 87878 BH: 1355947

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The limited liability company is organized for the purpose of engaging in all lawful business for which a limited liability company may be organized under Idaho Law.

The limited liability company shall be governed as to its internal affairs by the Bylaws of the Company kept at the registered office of the Company.

IN WITNESS WHEREOF, I have hereunto set my hand this 15th day of December, 2012 2013

Dr. Gail Ford DO

STATE OF IDAHO)

COUNTY OF Butte)

January 2013
On this 15th day of December, 2012, before me, the undersigned Notary Public for said State, personally appeared Dr. Gail Ford DO, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

DEBORAS DURING AND Notary Public State at likery

MY COMMISSION EXPIRES May 8, 2015

BONDED TERU KOTARY PUBLIC UNDERWRITERS

Notary Public for Idaho
Residing at Moore, Idaho
My Commission Expires: May 8, 2015