

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00.

2015 OCT 13 AM 10: 46

Complete and submit the application in duplicate.

SEXHETARY OF STATE

·		ST	STATE OF IDAHO	
The name of the limited	liability company is:			
Revive Cryotherapy I		_		
(Remember to include t	he words "Limited Liability Company," "Limited	Companyj, "or the abbreviations L.L	.C., LLC, or LC	D)
The complete street and	I mailing addresses of the princ	cipal office is:		
2090 East 25th	,	idaho Falls	ID	83404
(Street Address)		(City)	(State)	(Zipcode)
(Mailing Address, if different)		(City)	(State)	(Zipcode)
The name and complete	street address of the registere	ed agent:		
NORTHWEST REGISTERED	AGENT LLC 1900 Northwe	est Blvd., STE 106A, Coeu	r d'Alene.	ID 83814
(Name)	(Address)	(City)	(Sta	
The name and address	of at least one governor of the l	limited liability company:		
Jared Weimer	2090 East 25th	Idaho	Falls	ID 83404
(Name)	(Address)	(City)	(Sta	
Dennis Weimer	2090 East 25th	Idaho	Falls	ID 83404
(Name)	(Address)	(City)	(St	ate) (Zipcode)
Cheri Weimer	2090 East 25th	ldaho	Falls	ID 83404
(Name)	(Address)	(City)		ste) (Zipcode)
(Name)	(Address)	(City)	(St	ate) (Zipcode)
		(5.10)	(5.	(2.00000)
Mailing address for futur	e correspondence (annual repo	ort notices):		
2090 East 25th		ldaho Fa	ills II	D 83404
(Address)		(City)	(State)	(Zipcode)
nature of organizer(s).				
ted Name: Morgan Noble		Secretary of State use only		
ited Maine, Morgan 140				
nature: Oay	John I			
0		IDANO SECRETARY OF STATE		
ted Name:		10/13/:		
		CK:PREPAID CT 16 100.00 = 10		
nature:		10 20.00 = 20		
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