



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 AUG -7 PM 3: 29

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Katie Sullivan Yoga LLC

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

2324 W Norcrest Drive, Boise ID 83705

(Street Address)

(Mailing Address, if different than street address)

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

Katherine Sullivan

(Name)

2324 W Norcrest Drive, Boise ID 83705

(Street Address)

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

Name

Address

Katherine Sullivan

2324 W Norcrest Drive, Boise ID 83705

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

2324 W Norcrest Drive, Boise ID 83705

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Katherine Sullivan

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/07/2014 05:00

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