FILED EFFECTIVE

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Diamonte

2009 SEP -9 PM 3: 08

	(Instructions on back of application)		n)	SECRETARY OF STATE	
1.	The name of the limited liability company is:			STATE OF I	r STATE DAHO
	THE INTEGR	RITY WELLNES	SS GROUP LLC		
2.	The complete street and mailing add	dresses of th	<del>-</del>	ated/principal c	office:
	(Street Address)	VLEY, IDAHO 8	3333		
	(Mailing Address, if different than street address)				
3.	The name and complete street address of the registered agent:				
	TYLER LOHRKE, M.A.			HAILEY, IDAHO	) 83333
	(Name)	(Street Address	)		
	The name and address of at least or company:	ne member o	or manager of t	he limited liabil	ity
	Name	Address			
	TYLER LOHRKE, M.A.	418 N RIVER ST. SUITE 21 E HAILEY, IDAHC			83333
	· ·		_		
			· · · · · · · · · · · · · · · · · · ·		
		•			e e
5. I	Mailing address for future correspon 418 N RIVER ST. S			<del>-</del>	
6. I	Future effective date of filing (options	al):	SEPTEMBE	ER 9, 2009	
					s San
-	ature of organizer(s). (An organizer is a pin behalf of a member or members).	member, or is	·		
. aoing			Sec Q	retary of State use onl	у _
_	ature ful distill, M	<i>A</i>	icert_org_lkc.PMD	·	
Type	ed Name: // TYLER LOHRKE, M.A	<u> </u>	Cont. or	•	
· •		!	7/2008 7/2008		
Ξ.	atureed Name:		Pavised Of Revised Of	IDAHO SECRETA 09/09/200 CK: 388972 CT: 172	9 05 a
			8 15	T C 122. RA = 198"	AR OKRAN FTC N

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