

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code
Filing fee: \$100 typed, \$120 not typed
Complete and submit the application in duplicate



	Complete and submit t	he application in <u>duplicate</u> .	STATE OF IDAHO	
1.	The name of the limited liability company is: A Better Life Therapy LLC			
	(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)			
2.	The complete street and mailir 213 James Ave Chubbuck ID (Street Address)		pal office is:	
	(Mailing Address, if different)			
3.	The name of the registered agent and the street address of the registered agent:			
	Virgil Larson	890 Dell Rd Chubbuck ID 83202		
	(Name)	(Address cannot be a post office box or postal mail box.)		
4.	The name and address of at least one governor of the limited liability company:			
	Shayla Campbell	213 James Ave Chubbuck ID 83202		
	(Name)	(Address)		
5.	Mailing address for future corre		notices):	
	(Address)			
Sigr	nature of organizer(s).			
	nature: <u>Hanlll</u>		Secretary of State use only	
Prin	ted Name: Shayla Campbell			
Sigr	nature:		IDAHO SECRETARY OF STATE 06/29/2016 05:00 CK:3988068 CT:172099 BH:1535483	
Þrin	ted Name:		16 100.00 = 100.00 DRGAN LLC #5	
Rev. 11	/2015			

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