

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 OCT 14 PM 3: 46

C W OS	(instructions on pack t	SECRETARY OF STATE
1. Th	e name of the limited liability comp	STATE OF IDAHO
	nspired Living, LLC	•
1	e complete street and mailing addr 061 W. Shearwater Lane, Eagle, ID 83610 treet Address)	resses of the initial designated office:
(N	failing Address, if different than street address)	
3. Th	The name and complete street address of the registered agent:	
J	anet Gorringe	1061 W. Shearwater Lane, Eagle, ID 83616
(1)	lame)	(Street Address)
	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address
J —	anet Gorringe	1061 W. Shearwater Lane, Eagle, ID 83616
- -		
	ailing address for future correspond 061 W. Shearwater Lane, Eagle, ID 8361	,
6. Fu	ture effective date of filing (optiona	al):
Signat person	ture of a manager, member or a n.	
		Secretary of State use only
_	Name: Ronni Christianson, Authorized	Agent 10/14/2014 05:00

cert_org_lic Rev. 07/2010

CK:5000 CT:206593 BH:1445110 16 100.00 = 100.00 ORGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3

W143150

Signature_____

Typed Name: