



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAY 29 AM 8:37

1. The name of the limited liability company is:

BodyBalance PT Twin Falls, LLC

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

1896 Candleridge Dr., Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

David Hutchinson

(Name)

1896 Candleridge Dr., Twin Falls, ID 83301

(Street Address)

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

Name	Address
BBPT, INC.	423 Idaho St., Gooding, ID 83330

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

1896 Candleridge Dr., Twin Falls, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name David Hutchinson

Signature _____
Typed Name: _____

Secretary of State use only

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05/29/2013 05:00
CK: 2165 CT: 270961 BH: 1375720
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