



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

2014 AUG 21 AM 11:15

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Breatheright Boise LLC

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

1442 W. Hayfield Ct, Kuna, ID 83634
(Street Address)

(Mailing Address, if different than street address)

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

Thomas Falkowski

(Name)

1442 W. Hayfield Ct. Kuna, ID 83634

(Street Address)

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

NameAddress

Thomas Falkowski

1442 W. Hayfield Ct. Kuna, ID 83634

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

Same

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Thomas Falkowski

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/21/2014 05:00

CK:2156368 CT:172099 BH:1438226
1@ 100.00 = 100.00 ORGAN LLC #2