

Typed Name:

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 08 SEP 18 PM 2: 16

(Instructions on back of application)

SECRETION OF STATE

·	OLUNE MAIL OF STATE
1. The name of the limited liability co	ompany is: STATE OF IDAHO
Life	Mastery Partnership LLC
2. The complete street and mailing a	addresses of the initial designated/principal office:
·	ke Heron Lane, Boise ID 83706
(Street Address)	
(Mailing Address, if different than street address)	)
<ol> <li>The name and complete street ad</li> </ol>	dress of the registered agent:
Kit Furey	1904 Lake Heron Lane, Boise ID
(Name)	(Street Address)
<ol> <li>The name and address of at least company:</li> </ol>	t one member or manager of the limited liability
Name	<u>Address</u>
Kit Furey	1904 Lake Heron Lane, Boise, ID 83706
Dr. Symeon Rodger	2251 Courtice Ave., Ottawa ON K1H7G5
Kathy Gyimesy	34 Lake Ave., Richmond Hill, ON L4E3G3 CA
5. Mailing address for future corresp	oondence (annual report notices): ke Heron Lane, Boise, ID 83706
6. Future effective date of filing (opti	ional):
Signature of organizer(s). (An organizer i cting in behalf of a member or members).	
1 distrus	Secretary of State use only
Signature <u>////////////////////////////////////</u>	TRAIN PERPETANN OF STATE
Typed Name: Kit Furey, Memb	IDAHO SECRETARY OF STATE  9/18/2008 05:00  CK: 2071 CT: 215624 BH: 1136553  1 0 100.00 = 100.00 ORGAN LLC #
Signature	Table 1
Typed Name:	W77775