



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2007 AUG -2- AM 9:26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Premier Life Wellness, LLC

2. The street address of the initial registered office is:

480 Blue Lakes Blvd, Twin Falls, ID 83301

and the name of the initial registered agent at the above address is:

Dr. Lori Gumper

3. The mailing address for future correspondence is:

480 Blue Lakes Blvd, Twin Falls, ID 83301

4. Management of the limited liability company will be vested in:

Manager(s) ☒ or Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Dr Lori Gumper DC</u>	<u>480 Blue Lakes Blvd, Twin Falls, ID 83301</u>
<u>Rex Milo Wall</u>	<u>480 Blue Lakes Blvd, Twin Falls, ID 83301</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Loraine M. Gumper

Typed Name: Loraine M Gumper

Capacity: Owner/Manager

Signature: Rex M Wall

Typed Name: Rex M Wall

Capacity: Manager

Secretary of State use only

g:\corp\form\llc\form\article\organization.p65
Revised 07/2002

IDAHO SECRETARY OF STATE
08/02/2007 05:00
CK: 2002 CT: 216075 BH: 1068823
1 @ 100.00 = 100.00 ORGAN LLC # 2

Web Form

W65302