



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

2013 OCT -2 AM 8:52

(Instructions on back of application)

 SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Personal Wellness LLC

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

18189 Northside Blvd, Nampa, Id 83687

(Street Address)

(Mailing Address, if different than street address)

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

Melvin H. Barrus

(Name)

18189 Northside Blvd, Nampa, Id 83687

(Street Address)

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

**Name**
**Address**

Melvin H. Barrus

18189 Northside Blvd, Nampa, Id 83687

Melodee M Barrus

18189 Northside Blvd, Nampa, Id 83687

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

18189 Northside Blvd, Nampa, Id 83687

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Melvin H. Barrus

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE  
10/02/2013 05:00  
CK: 1568292 CT: 172099 BH: 1392454  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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