

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

11 FEB 16 AM 8: 39

CE TO	(Instructions on back	of application)			
1.	The name of the limited liability com	pany is:	SEC. : STAT	Y OF STAT <b>E</b> OF IDAHO	
	Lhotse Yoga, LL	<u></u>			
2.	The complete street and mailing add	lresses of the initia	l designated/pri	ncipal office:	
	118 95 West Clou (Street Address)	es Meadow,	Boise, Id	83113	
	(Mailing Address, if different than street address)		·		
3.	The name and complete street address of the registered agent:				
	Jennifer Maureen (Name) Stephens	11895 West Cla	ver meadow,	boise Id	
4.	The name and address of at least or company:	ne member or man	ager of the limit	ed liability	
	Name		Address		
	Jennika Maween Stephens	11895 West C	love Medon,	Doise, Id 837	7/3
	<del></del>				
5.	Mailing address for future correspond	dence (annual repo	ort notices):		
	11895 West clover Men		•		
6.	Future effective date of filing (options	,			
Sigi	nature of a manager, member or	authorized			
pers			Secretary of S	tate use only	<del></del>
_	nature <u> </u>				. :
Тур	ed Name: Mark Mous (a	140/mg)			
Sigr	nature		02/16		<u> </u>
Тур	ed Name:	CK: 1886 CT: 248339 BH: 1268269 1 9 188.88 = 188.88 ORGAN LLC N 2			

cert\_org\_lic Rev. 07/2010