



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 JUN -8 AM 8:51
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MOUNTAIN SOUND WELLNESS RETREAT LLC

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

5676 E. SAGEWOOD DR. , AMMON, ID 83406

(Street Address)

(Mailing Address, if different than street address)

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

LINDSAY BILLMAN

(Name)

5676 E. SAGEWOOD DR. , AMMON, ID 83406

(Street Address)

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

Name

Address

LINDSAY BILLMAN

5676 E. SAGEWOOD DR. , AMMON, ID 83406

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

5676 E. SAGEWOOD DR. , AMMON, ID 83406

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Marsha Siha

Typed Name: MARSHA SIHA

Signature

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
06/08/2012 05:00
CK: 26448 CT: 187501 BH: 1327502
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