

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRETARY

The name of the limited liability company is:		STATE OF ID,	
·	Gyst Counseling and Wells	ness, LLC	
The complete street and ma	•	initial designated office:	
(Street Address)			
(Mailing Address, if different than stree	t address)		
The name and complete str	reet address of the reg	istered agent:	
Mark Whitney		11920 Webster Street Caldwell, ID 83605 (Street Address)	
(Name)	(Street Address)		
The name and address of a company:	at least one member or	manager of the limited liability	
<u>Name</u>		<u>Address</u>	
Mark Whitney	11920 Webste	r Street Caldwell, ID 83605	
Rhonda Kidney	10305 Hwy 20	10305 Hwy 20/26 Caldwell, ID 83605	
Mailing address for future c	orrespondence (annua	l report notices):	
11920 Webster Street Caldwel	I, ID 83605		
Future effective date of filing	g (optional):		
gnature of a manager, mer	mber or authorized		
rson.		Secretary of State use only	
gnature Manh M	1	•	
ped Name: Mark Whitney	rusnen		
pod Haino.			
gnature		IDAHO SECRETARY OF STATE 04/12/2012 05:00	
ped Name:		CK: 1586 CT: 269283 BH: 131943 1 8 186,68 = 188,86 ORGAN LLC #	
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