



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 MAR 30 AM 9:55

(Instructions on back of application)

1. The name of the limited liability company is:

Anew Life Coaching Services LLC

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

145 Thistle Creek Sagle, Id. 83860
(Street Address)

P.O. Box 448 Sagle, Id. 83860
(Mailing Address, if different than street address)

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

Johnny Shepard 145 Thistle Creek Sagle, Id
(Name) (Street Address) 83860

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

Name	Address
<u>Johnny Shepard</u>	<u>145 Thistle Creek Sagle, Id 83860</u>
<u>Jennie Ann Shepard</u>	<u>145 Thistle Creek, Sagle, Id 83860</u>
_____	_____
_____	_____
_____	_____

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

P.O. Box 448 Sagle, Idaho 83860

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

Signature of a manager, member or authorized person.

Signature Johnny Shepard
Typed Name: Johnny Shepard

Signature Jennie Ann Shepard
Typed Name: Hon Mrs Jennie Ann Shepard

Secretary of State use only

IDAHO SECRETARY OF STATE

03/30/2015 05:00

CK:1190 CT:308276 BH:1468384

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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