

Typed Name: ____

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

11 FEB 23 PM 1: 38

(Instructions on back of application)

(,
1. The name of the limited liability of	company is: SECRE ARY OF STATE STATE OF IDAHO
Lasti	ng Health and Wellness, LLC
2. The complete street and mailing 1661 W. Rush Rd	addresses of the initial designated/principal office:
(Street Address) Eagle Idaho 83616 (Mailing Address, if different than street address	s)
3. The name and complete street a	ddress of the registered agent:
Carmen K Oldenburg	1661 W. Rush Rd Eagle Idaho 83616
(Name)	(Street Address)
The name and address of at leas company: Name	st one member or manager of the limited liability Address
Carmen K Oldenburg	1661 W. Rush Rd Eagle Idaho 83616
5. Mailing address for future corresp 1661 W. Rush Rd Eagle Idaho 836	•
6. Future effective date of filing (opt	tional):
Signature of a manager, member person.	or authorized
Signature <u>Carmen</u> K. Old	Secretary of State use only
Typed Name: Carmen K Oldenburg	
Signature	IDAHO SECRETARY OF STATE @2/23/2011 @5:00 CK: 3222 CT: 255832 BH: 1261265 1 0 100.00 = 100.00 ORGAN LLC # 2

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