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## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 DEC 27 PM 4: 45

2. The complete street and mailing addresses of the initial designated office: 3802 11th Street, Lewiston ID 83501 (Street Address) (Mailing Address, if different train street address) 3. The name and complete street address of the registered agent:  Karen Young  3802 11th Street, Lewiston ID 83501 (Street Address) 4. The name and address of at least one member or manager of the limited liability company:  Name  Address Karen Young  3602 11th Street, Lewiston ID 83501  5. Mailing address for future correspondence (annual report notices): 3602 11th Street, Lewiston ID 83501  6. Future effective date of filing (optional):  Signature  Signature  Typed Name:  Karen Young  Signature  Fyped Name:	The name of the limited liabi     White Pine Wellbeing, L.L.C.	lity company is:  SECRETARY OF STATE OF IDAHO  STATE OF IDAHO
(Mailing Address, if different tran street address of the registered agent:  Karen Young (Name)  3802 11th Street, Lewiston ID 83501  (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name Address Karen Young  3802 11th Street, Lewiston ID 83501  5. Mailing address for future correspondence (annual report notices): 3602 11th Street, Lewiston ID 83501  6. Future effective date of filing (optional):  Signature  Signature  Karen Young  Signature  Karen Young  Signature  Karen Young  Karen Young  Signature  Karen Young		<del>_</del>
3. The name and complete street address of the registered agent:  Karen Young  (Name)  3602 11th Street, Lewiston ID 83501  (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  Karen Young  3602 11th Street, Lewiston ID 83501  5. Mailing address for future correspondence (annual report notices): 3602 11th Street, Lewiston ID 83501  6. Future effective date of filing (optional):  Signature  Signature  Typed Name:  Karen Young  Signature  Karen Young  Signature	(Street Address)	
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4. The name and address of at least one member or manager of the limited liability company:    Name	3. The name and complete street	et address of the registered agent:
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Karen Young  Segnature  Signature  Karen Young  Signature  Signature  Karen Young  Signature  Signature  Karen Young  Signature  Signature  Karen Young  Signature	(Name)	(Street Address)
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Signature Karen Young Signature		
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	Signature	
	Typed Name:	

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IBAHO SECRETARY OF STATE
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CR: 1652613 CT: 172099 BH: 1403555
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## FILED EFFECTIVE

## **Statement of Conversion**

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SECRETARY OF STATE STATE OF IDAHO

1. Converting Entity Name: White Pine Wellbeing, Inc.

Jurisdiction: Idaho

**Entity Type: S-Corporation** 

2. Converted Entity Name: White Pine Wellbeing, L.L.C.

Jurisdiction: Idaho Entity Type: L.L.C.

3. Effective Date of conversion: December 31, 2013

- 4. The converting entity is a domestic filing entity and the plan of conversion was adopted and approved in accordance with the requirements of 30-18-1405 (d) in the Idaho Entity Transactions Act.
- 5. The converted entity is a domestic filing entity and the text of its public organic document is attached hereto.

Converting Entity: White Pine Wellbeing, Inc. Converted Entity: White Pine Wellbeing, L.L.C.

By: Karen Young

Title: Manager

President

IDAHO SECRETARY OF STATE
12/30/2013 05:00
CK: 1652613 CT: 172899 BH: 1483555

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