

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

H38 53	AM	8:	29
--------	----	----	----

1. The name of the limited liability co	mpany is:	oaching, L.L.C. OF IDAHO
Pathl	ight Wellness C	oaching, L.L.C.
The complete street and mailing ad 575 E Parkcenter Blvd, Suite 130, Boise,	ldresses of th	
(Street Address)		1-41-M/
(Mailing Address, if different than street address)	· · · · · · · · · · · · · · · · · · ·	
3. The name and complete street add	ress of the re	gistered agent:
Megan Mueller	575 E Parkcenter Blvd, Suite 130, Boise, ID 83706	
(Name)	(Street Address)
The name and address of at least of company:	one member o	or manager of the limited liability
<u>Name</u>	Address	
Megan Mueller	575 E Parkcenter Blvd, Suite 130, Boise, ID 83706	
5. Mailing address for future correspondence 575 E Parkcenter Blvd, Suite 130, Boise,	•	al report notices):
O/O E F GRACEITE DIVO, Outre 130, Doise,	00100	
6. Future effective date of filing (option	nal):	
Signature of a manager, member or person.	authorized	
	//	Secretary of State use only
Signature	<u>u_</u>	
Signature Typed Name:		IDAHO SECRETARY DF STATE 03/29/2011 05:00 CK: 6206 CT: 257123 BH: 1266585 1 0 100.00 = 100.00 ORGAN LLC # 2