



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 NOV 16 AM 8:55

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

A Choice Life, LLC

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

961 Foxmoor Drive, Hailey, ID 83333

(Street Address)

PO Box 3247, Hailey, ID 83333

(Mailing Address, if different than street address)

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

Shannon McLean

(Name)

961 Foxmoor Drive, Hailey, ID 83333

(Street Address)

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

Name

Address

Shannon McLean

961 Foxmoor Drive, Hailey, ID 83333

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

Shannon McLean, PO Box 3247, Hailey, ID 83333

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Shannon McLean, Managing Member

Signature

Typed Name: _____

Secretary of State use only

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11/16/2012 05:00
CK: 177 CT: 276326 BH: 1347897
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