



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 NOV -2 AM 11: 35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Source of Life Wellness LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations LLC, L.L.C., or LC)

2. The complete street and mailing addresses of the principal office is:

2179 W Panama St Boise ID 83705

(Street Address)

(Mailing Address, if different)

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

Marissa Spracklen

2179 W Panama St Boise ID 83705

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Marissa Spracklen

2179 W Panama St Boise ID 83705

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

2179 W Panama St Boise ID 83705

(Address)

Signature of organizer(s).

Signature: Marissa Spracklen

Printed Name: Marissa Spracklen

Signature: _____

Printed Name: _____

Secretary of State - use only

IDAHO SECRETARY OF STATE

11/02/2016 05:00

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