FILED EFFECTIVE

W92476

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CERTIFICATE			
LIMITED LIA	BILITY CON	<i>IPANY</i>	ID APR 15 PM I
(Instructions	on back of applicat	ion)	SECRETARY OF S
1. The name of the limited lial	bility company is:		STATE OF IDAL
Во	ise Weight Loss & Well	ness Center, LLC	
2. The complete street and ma	-		ed/principal office:
·	2161 E Celia Ct. Eag	le, ID 83616	· · · · · · · · · · · · · · · · · · ·
(Street Address)	Same		
(Mailing Address, if different than street	address)		· · · · · · · · · · · · · · · · · · ·
3. The name and complete str	eet address of the	registered agent:	
Heather Gray		2161 E Celia Ct. Eagle, ID 83616	
(Name)	(Street Addre	(Street Address)	
4. The name and address of a company:	t least one member	r or manager of the	e limited liability
<u>Name</u>		Address	
Heather Gray		2161 E Celia Ct. Eagle, ID 83616	
5. Mailing address for future c			· · · · · · · · · · · · · · · · · · ·
5. Mailing audress for luture c	2161 E Celia Ct. Eag	•).
			·····
6. Future effective date of filing	g (optional):		. <u></u>
Signature of organizer(s). (An org acting in behall of a member or memb		1	lary of State use only
atthree The	AIN		iary of Orace use Ulity
Signatuk o () Typed Name: Heathe	ar Gray	8	
Typeu Hame		C'scoptionnest LC formatcent_org_&c.PMD Revised 0772008	and the street
Signature			IDAHO SECRETARY OF STATI
Typed Name:			X; 3343 CT: 221381 BH: 12 (8 198.98 = 100.88 ORGAN
		&'	