



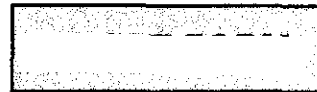
CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

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

Complete and submit the application in duplicate.

FILED EFFECTIVE



2017 SEP -5 AM 10:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

My Sense of Health, LLC

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

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

492 Shadetree Trail Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different)

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

Christina Lott

492 Shadetree Trail Twin Falls, ID 83301

(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:

Christina Lott

492 Shadetree Trail Twin Falls, ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

492 Shadetree Trail Twin Falls, ID 83301

(Address)

Signature of organizer(s).

Signature: Christina Lott

Printed Name: Christina Lott

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/05/2017 05:00

CK:2910 CT:308251 BH:1601193

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