



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 MAY 12 AM 8:42

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TheBackCareToolbox, 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:

182 Shiras Dr

(Street Address)

Sandpoint, ID 83864

(Mailing Address, if different)

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

David Speakman

182 Shiras Dr, Sandpoint, ID 83864

(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:

David Speakman

182 Shiras Dr, Sandpoint, ID 83864

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

182 Shiras Dr, Sandpoint, ID 83864

(Address)

Signature of organizer(s).

Signature: _____

Printed Name: David Speakman

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/12/2016 05:00

CK:1166 CT:315687 BH:1528244

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