



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 OCT 28 AM 9:18

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cacoon Yoga LLC

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

1415 Pine Cone Rd. Unit 1., Moscow, Idaho, 83843

(Street Address)

(Mailing Address, if different than street address)

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

Katherine Louise Magolan

(Name)

1415 Pine Cone Rd. Unit 1., Moscow, Idaho, 83843

(Street Address)

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

Name

Address

Katherine Louise Magolan

1415 Pine Cone Rd. Unit 1., Moscow, Idaho, 83843

Jakob Magolan

1415 Pine Cone Rd. Unit 1., Moscow, Idaho, 83843

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

1415 Pine Cone Rd. Unit 1., Moscow, Idaho, 83843

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature *Katherine Louise Magolan*

Typed Name: Katherine Louise Magolan

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/28/2013 05:00
CK: MO CK # CT: 289860 BH: 1395700
1 @ 100.00 = 100.00 ORGAN LLC # 2

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