

Signature ____

Typed Name: _____

CERTIFICATE OF ORGANIZATION ELED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JAN 26 AM 9: 12

. The name of the limited liability	The name of the limited liability company is:	
	Health Done Right, LLC.	STATE OF DAHO
The complete street and mailing 1209 Cattail St. Nampa, ID 83687	g addresses of the initial de	esignated office:
(Street Address)		
(Mailing Address, if different than street address	ess)	
. The name and complete street	address of the registered a	gent:
William P. Lamitina III	1209 Cattail St. Nampa,	ID 83687
(Name)	(Street Address)	
		•
. The name and address of at leacompany:	ast one member or manage	er of the limited liability
Name		Address
William P. Lamitina III	1209 Cattail St. Nampa,	ID 83687
<u> </u>		
	<u> </u>	
8.6 *11		nations):
. Mailing address for future corre	espondence (annual report	nouces).
1209 Cattail St. Nampa, ID 83687	· · · · · · · · · · · · · · · · · · ·	;
Future effective date of filing (c	optional):	
		•
ignature of a manager, membe erson.	er or authorized	
•		Secretary of State use only
ignature <u>William P Lame</u>	itina III	
yped Name: William P. Lamitina III		· · · · · · · · · · · · · · · · · · ·

IDAHO SECRETARY OF STATE
01/26/2012 05:00
CK: 14413527499 CT: 266328 BH: 1387821
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