



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code
Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in **duplicate**.

FILED EFFECTIVE

2018 APR 10 AM 8:58

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Impact Wellness P.T., LLC

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

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

587 E. Greencreek Ct.

(Street Address)

Eagle, ID 83616

(Mailing Address, if different)

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

Nicole Barnes

587 E. Greencreek Ct., Eagle, ID 83616

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Nicole Barnes

587 E. Greencreek Ct., Eagle, ID 83616

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

587 E. Greencreek Ct., Eagle, ID 83616

(Address)

Signature of organizer(s).

Printed Name: **Nicole Barnes**

Signature: *Nicole Barnes*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/10/2018 05:00

CK:1297 CT:356034 BH:1637472

1@ 100.00 = 100.00 ORGAN LLC #2

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