



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUN 18 AM 9:19
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Hawkes Health Concepts LLC

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

1848 12th St. Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

Jared Hawkes

(Name)

1848 12th St. Idaho Falls, ID 83404

(Street Address)

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

Name

Address

Jared Hawkes

1848 12th St. Idaho Falls, ID 83404

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

1848 12th St. Idaho Falls, ID 83404

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Jared Hawkes

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/18/2012 05:00
CK: 107 CT: 271543 RM: 1328727
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