



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAY 16 AM 9:03

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

HomeBodies Virtual Services LLC

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

3739 Chukar Cir 101 Post Falls ID 83854
(Street Address)

(Mailing Address, if different than street address)

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

Rachel Fisher
(Name)

3739 Chukar Cir 101 Post Falls ID 83854
(Street Address)

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

Name	Address
<u>Rachel Fisher</u>	<u>3739 Chukar Cir 101</u>
	<u>Post Falls ID 83854</u>
	<u>208 666 19564</u>

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

3739 Chukar Cir 101 Post Falls ID 83854

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

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: Rachel E Fisher

Secretary of State use only

Signature _____
Typed Name: _____

IDAHO SECRETARY OF STATE
05/16/2014 05:00
CK:1549 CT:296927 BH:1425026
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3