

# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 MAY 14 PM 4:04

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

WHOLE LIFE STRATEGIES LLC

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

507 S FITNESS PLACE, # 100 EAGLE, IDAHO 83616

(Street Address)

(Mailing Address, if different than street address)

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

NATHAN COONEY

(Name)

507 S FITNESS PLACE, #100 EAGLE, ID 83616

(Street Address)

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

**Name**

**Address**

NATHAN COONEY

507 S FITNESS PLACE, #100 EAGLE ID 83616

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

507 S FITNESS PLACE, #100 EAGLE ID 83616

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature   
Typed Name: NATHAN COONEY

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

05/14/2014 05:00

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