



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAY 15 AM 9:10

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SNOWCAP WELLNESS CENTER, LLC

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

169 Sweetgrass Ln., Sandpoint, ID 83864

(Street Address)

(Mailing Address, if different than street address)

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

Marilyn J. Meekings

(Name)

169 Sweetgrass Ln., Sandpoint, ID 83864

(Street Address)

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

Name

Address

Marilyn J. Meekings

169 Sweetgrass Ln., Sandpoint, ID 83864

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

169 Sweetgrass Ln., Sandpoint, ID 83864

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Marilyn J. Meekings

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

05/15/2014 05:00

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