

CERTIFICATE OF ORGANIZATION DEC 19 PM 3:37 LIMITED LIABILITY COMPANY SECRETARY OF STATE

0	(Instructions o	n back of application)	STATE OF IDARO
1. The name	e of the limited liabil	lity company is:	
Body Reju	venate, LLC		
1116 S. V	ista Ave. Suite 204, Boi	ing addresses of the initial d se ID 83705	esignated office:
(Street Addre	ess)		
(Mailing Add	ress, if different than street a	ddress)	
3. The name	e and complete stree	et address of the registered a	agent:
Andrew S	hoppe	950 W. Bannock St. Sui	ite 1100, Boise ID 83702
(Name)		(Street Address)	
4. The name company:		least one member or manag	er of the limited liability
Susan Alv	<u>Name</u>		Address
		1116 S. Vista Ave. Suite	204, Doise ID 00703
	ddress for future cor Bannock St. Suite 1100	respondence (annual report), Boise ID 83702	notices):
6. Future eff	ective date of filing	(optional):	
Signature of person.	a manager, meml	per or authorized	
	QG_		Secretary of State use only
Signature	Susan Alvehsere		
Typed Name:	OUSE!! AIVEING!		
Signature			IDAHO SECRETARY OF STATE 12/20/2012 05:00
Typed Name:			CK: CASH CT: 277394 BH: 1352167

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