



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 MAY -1 PM 2:43

(Instructions on back of application)

 SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Total Body Wellness Clinic LLC

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

26 S. Baltic Ave Suite 100

(Street Address)

Meridian, ID 83642

(Mailing Address, if different than street address)

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

Iva Watts

(Name)

26 S. Baltic Ave Suite 100 Meridian, ID 83642

(Street Address)

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

**Name**

**Address**

Total Body Wellness LLC

26 S. Baltic Ave Suite 100 Meridian, ID 83642

Elite Performance LLC

26 S. Baltic Ave Suite 100 Meridian, ID 83642

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

26 S. Baltic Ave Suite 100 Meridian, ID 83642

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Iva Watts

Typed Name: Iva Watts

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE

05/01/2014 05:00

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