



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUN 18 AM 9:13
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Whole Life LLC

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

947 CASSIA ST IDAHO FALLS, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

JOSHUA HAWKES

(Name)

947 CASSIA ST IDAHO FALLS, ID 83402

(Street Address)

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

Name

Address

JOSHUA HAWKES

947 CASSIA ST IDAHO FALLS, ID 83402

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

947 CASSIA ST IDAHO FALLS, ID 83402

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

Signature of a manager, member or authorized person.

Signature *Joshua Hawkes*
Typed Name: JOSHUA HAWKES, MEMBER

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/18/2012 05:00
CK: 385 CT: 270009 BH: 1328589
1 @ 100.00 = 100.00 ORGAN LLC # 2

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