

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

	LIMITED LIABIL	III COMPA	(X con 1 to
	(Instructions on bac	ck of application)	2015 AUG 18 AM 8-280
1.	. The name of the limited liability company is: Thousand Springs Wellness Connections, LLC		SECRETARIZOF STATE
			STATE OF IDAHO
2.	The complete street and mailing a 702 US Hwy 30 E., Buhl, ID 83316	ddresses of the initi	al designated office:
	(Street Address) Same		
	(Mailing Address, if different than street address))	
3.	The name and complete street address of the registered agent:		
	Patrick P. Jones	Same As Above	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
	Patrick P. Jones	702 US Hwy 30 E. Buhl, ID 83316	
	LoriAnn B. Jones	702 US Hwy 30 E. Buhl, ID 83316	
5.	Mailing address for future correspondence (annual report notices): PO Box 81 Buhl, ID 83316		
6.	Future effective date of filing (option	onal):	
_	nature of a manager, member of son.	or authorized	
-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Secretary of State use only IDAHO SECRETARY OF STATE
Sig	nature		08/18/2015 05:00
Тур	ed Name: Patrick P. Jones		CK:1023 CT:313563 BH:148

CK:1023 CT:313563 BH:1488511 1@ 100.00 = 100.00 ORGAN LLC #2 10 20.00 = 20.00 EXPEDITE C #3

Signature

Typed Name: LoriAnn B. Jones

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