

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2085425151

2009 SEP 10 AM 10: 4

STATE OF DAHO

3	(Instructions on back of a	application) STATE OF I
The name	e of the limited liability compar	ny is:
		for Health, LLC
. The comp	plete street and mailing addres	sses of the initial designated/principal office:
	1655 S. Woodruff	Ave., Idaho Falls, ID 83404
(Street Addr	(986)	
(Mailing Add	iress, if different than street address)	
. The name	e and complete street address	of the registered agent:
	Eric L. Laing	1131 Cameron Ave., idaho Falls, ID 83402
(Name)	(S	Street Address)
. The name company		member or manager of the Ilmited liability
	<u>Name</u>	Address
	Eric L. Laing	1131 Cameron Ave., Idaho Falls, ID 83402
	Nancy J. Laing	1131 Cameron Ave., Idaho Falls, ID 83402
		-
. Mailing a	ddress for future corresponder	
	1655 S. Woodruff	Ave. Idaho Falls, ID 83404
Eutura of	fective date of filing (optional):	
), Fuldigei	nective date of ming (optional).	-
ionature of c	organizer(s). (An organizer is a me	ember, or is
~	of a member or members).	Secretary of State use only
	for form	i o
Signature		
Typed Name		
Signature	;	IDAHO SECRETARY OF 99/10/2009 CK: 389218 CT: 172899 R
ngilature		CK: 309219 CT: 172899 B

