

Typed Name:

Capacity:

## ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIA

	(Instructions on back	kofapplication) SECRETADIV 0-
1	The name of the limited liability comp A Touch of Wellness, LLC	Rofapplication)  SECRETARY OF STATE  STATE OF IDAHO
2	The street address of the initial regis	
	and the name of the initial registered Steffany R. Bryan	I agent at the above address is:
3. 7	The mailing address for future corres PO Box 715 Rexburg, ID 83440	spondence is:
	Management of the limited liability co Manager(s)	_
8	address(es) of at least one initial mar	e or more manager(s), list the name(s) and inager. If management is to be vested in the dress(es) of at least one initial member.
	Name	Address
	Steffany R. Bryan	3555 N 3000 W Rexburg, ID 83440
	Jacob S. Bryan	3555 N 3000 W Rexburg, ID 83440
		and the second s
	Cianatura of at least one person room	consible for forming the limited liability company:

W 53 205