## FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2015 APR -9 AM 8: 56

(Instructions on back of application) 1. The name of the limited liability company is: LIFESPRING DESIGN LLC 2. The complete street and mailing addresses of the initial designated office: 138 Quincy St, Twin Falls, ID 83301 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: JOSHUA P RINARD 138 Quincy St, Twin Falls, ID 83301 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Address <u>Name</u> JOSHUA P RINARD 138 Quincy St, Twin Falls, ID 83301 Mailing address for future correspondence (annual report notices): 135 Quincy ST THIN FAILS, 10 8381 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only IDAHO SECRETARY OF STATE Signature 04/09/2015 05:00 Typed Name: OSHUA P RINARD CK:1024 CT:308751 BH:1470134 10 100.00 = 100.00 ORGAN LLC #2 Signature\_\_\_\_\_ CP102100

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