

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG -4 PM 3:33

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ENGAGE WELLNESS LLC

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

2219 S. LONGMONT DR BOISE ID 83706
(Street Address)

PO BOX 9614 BOISE ID 83707
(Mailing Address, if different than street address)

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

AMARISSA JONES
(Name)

2219 S. LONGMONT DR BOISE ID 83706
(Street Address)

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

Name	Address
<u>AMARISSA A JONES</u>	<u>2219 S. LONGMONT DR BOISE ID 83706</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

PO BOX 9614 BOISE ID 83707

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

Signature of a manager, member or authorized person.

Signature Amariessa A Jones
Typed Name: AMARISSA A JONES

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/04/2011 05:00
CK: 749745 CT: 172099 BH: 1205303
1 @ 100.00 = 100.00 ORGAN LLC # 2

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