



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2013 JUL 31 PM 1:44

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

In Tune Wellness LLC

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

1214 W Penelope St Kuna ID 83634

(Street Address)

(Mailing Address, if different than street address)

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

Jillian Page

(Name)

1214 W Penelope St Kuna ID 83634

(Street Address)

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

**Name**

**Address**

Jillian Page

1214 W Penelope St Kuna ID 83634

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

1214 W Penelope St Kuna ID 83634

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Jillian Page

Signature \_\_\_\_\_

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

Secretary of State use only

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07/31/2013 05:00  
CK: 207 CT: 205925 IN: 1304297  
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