



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

2018 AUG -6 AM 10:48

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

**Waves Of Wellness LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

**301 Yellowpine Place Eagle, Idaho 83616**

(Street Address)

(Mailing Address, if different)

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

**Ellen S. Burnell**

**301 Yellowpine Place Eagle, Idaho 83616**

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

**Ellen S. Burnell**

**301 Yellowpine Place Eagle, Idaho 83616**

(Name)

(Address)

**Barry N. Burnell**

**301 Yellowpine Place Eagle, Idaho 83616**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**301 Yellowpine Place Eagle, Idaho 83616**

(Address)

Signature of organizer(s).

Printed Name: **Ellen S. Burnell**

Signature: Ellen S. Burnell

Printed Name: **Barry N. Burnell**

Signature: Barry N. Burnell

Secretary of State use only

IDAHO SECRETARY OF STATE

08/06/2018 05:00

CK:628 CT:361459 BH:1657340

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