



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

11 SEP -9 PM 12:22

1. The name of the limited liability company is:

HEALTH ENHANCEMENT, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

606 LILLY ROAD N.E. #814

(Street Address)

OLYMPIA WA 98506

(Mailing Address, if different than street address)

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

STEVEN L. HERNDON

(Name)

913 W. RIVER STREET #420, BOISE ID 83702

(Street Address)

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

Name

Address

LYLA ALDRICH

606 LILLY ROAD N.E. #814, OLYMPIA WA 98506

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

606 LILLY ROAD N.E. #814, OLYMPIA WA 98506

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

Signature of a manager, member or authorized person.

Signature

Typed Name: LYLA ALDRICH

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/09/2011 05:00
CK: 2104 CT: 262321 BH: 1269828
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