



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2016 MAY -6 PM 1:39

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Authentic Living Solutions 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:
2440 S. Heritage Pl Boise, Idaho 83709

(Street Address)

(Mailing Address, if different)

3. The name of the registered agent and street address of the registered agent:
Lanae Phillips 2440 S. Heritage Pl Boise, Idaho 83709

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:
Lanae Phillips 2440 S. Heritage Pl Boise Idaho 83709

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):
2440 S. Heritage Pl Boise Idaho 83709

(Address)

Signature of organizer(s).

Signature: Lanae Phillips

Printed Name: Lanae Phillips

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/06/2016 05:00

CK: 3838006 CT: 172099 BH: 1527360

1@ 100.00 = 100.00 ORGAN LLC #2

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