

Signature \_\_\_\_\_

Typed Name: Briss A. Ray

## CERTIFICATE OF ORGANIZATION ELECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 APR 13 AM 8: 47

•	, ,	WI OT STATE
1. The name of the limited liability comp	oany is:	SECT OF STATE STATE OF IDAHO
T.H.O. Yoga Factor, LLC		Otto Control
2. The complete street and mailing addr	esses of the initi	al designated/principal office:
410 Knights Rd. McC	all. Fd. 83	638
(Street Address)	•	
(Mailing Address, if different than street address)		
3. The name and complete street address	ss of the register	ed agent:
Stephanie Holman	4-10 Knight (Street Address)	s Rd. McCall, ID. 83638
The name and address of at least one company:	e member or mai	nager of the limited liability
Name		Address
Stephanie M. Holman	410 Knigh	ts Rd. McCall, ID. 83638 ats Rd. McCall, Id. 83638
Brian A. Roy	410 Knigh	ats Rd. McCall, Id. 83638
5. Mailing address for future correspond		
P.O. Box 768, McCal	1, ID. 836	38
6 Euturo offactivo data of filing (antiona		
6. Future effective date of filing (optiona		
Signature of a manager, member or a person.	authorized	
0		Secretary of State use only
Signature W. A.	<del></del>	
Typed Name: Stephanie 1. Holma	<u>n</u>	TRAHO SECRETARY OF STATE
. / / Y / _		04 /4 7 /901 1 GS - GG

cert\_org\_lic Rev. 07/2010

04/13/2011 05:00 CK: 1713 CT: 257739 BH: 1269070 1 @ 100.00 = 100.00 ORGAN LLC # 2

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