



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2013 JUN -3 AM 10:50

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Total Body Wellness LLC

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

4560 N. Kilee Ave Meridian ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

Lisa Watts

(Name)

4560 N. Kilee Ave. Meridian ID 83646

(Street Address)

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

Name

Address

Lisa Watts

4560 N. Kilee Ave Meridian ID 83646

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

Same as above

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

Signature of a manager, member or authorized person.

Secretary of State use only

Signature _____

Typed Name: Lisa Watts

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
06/03/2013 05:00
CK: CASH CT: 283047 BH: 1376419
1 @ 100.00 = 100.00 ORGAN LLC # 2

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