	FILED EFFECTI	
CERTIFICATE OF C		TION
(Instructions on back of application)		SECRETARY OF STATE STATE OF IDAHO
1. The name of the limited liability co	mpany is:	STATE OF IDAHO
Wh	ole Family Health LL	c
2. The complete street and mailing ad 2028 East Avondale Lane, Hayden, Idah (Street Address)		itial designated/principal office:
(Mailing Address, if different than street address)		
3. The name and complete street add	ress of the registe	ered agent:
United States Corporation Agents, Inc. (Name)	950 Bannock Street, Suite 1100, Boise, ID 83702 (Street Address)	
4. The name and address of at least of company: Name Sasha Grove Bryan Grove	2028 East Avonda	Address ale Lane, Hayden, Idaho 83835 ale Lane, Hayden, Idaho 83835
 Mailing address for future correspo c/o Whole Family Health LLC, 2028 East Future effective date of filing (option 	Avondale Lane, Hay	vden, Idaho 83835
Signature of a manager, member of person.		Secretary of State use only
Signature	nc.	IDAHO SECRETARY OF STATE 04/08/2015 05:00 CK:2733570 CT:172099 BH:1469 10 100.00 = 100.00 ORGAN LLC
	cert_org_lic Rev. 07/2010	W150160