



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 OCT 15 AM 11:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Complete Wellness L.L.C.

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

312 E Poplin St Kuna ID 83634

(Street Address)

(Mailing Address, if different than street address)

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

Paula Wheeler

(Name)

312 E Poplin St Kuna

(Street Address)

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

Paula Wheeler

Name

312 E Poplin St Kuna 83634

Address

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

312 E Poplin St Kuna ID 83634

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature P Wheeler

Typed Name: Paula Wheeler

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
10/15/2013 05:00
CK: 1500388 CT: 172099 BN: 1393053
1 @ 100.00 = 100.00 ORGAN LLC # 2

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