



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JUN 11 AM 9:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Elements of Health, LLC

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

112 Aspen Meadows Rd, Unit 41 Driggs, ID 83422
(Street Address)

Same
(Mailing Address, if different than street address)

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

Lori Lloyd
(Name)

112 Aspen Meadows Rd, Unit 41
Driggs, ID 83422
(Street Address)

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

Name	Address
<u>Lori Lloyd</u>	<u>112 Aspen meadows Rd, Unit 41 Driggs, ID 83422</u>

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

as above

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

Signature of a manager, member or authorized person.

Signature Lori Lloyd
Typed Name: Lori Lloyd

Signature _____
Typed Name: _____

Secretary of State use only

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06/11/2015 05:00
CK:1529 CT:311245 BH:1479450
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