



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2016 APR 27 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

HEALTHY SOLUTIONS FOR BALANCED HEALTH LLC

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

2246 NORTH LAGO RD, GRACE, ID 83241

(Street Address)

(Mailing Address, if different than street address)

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

DONALD H FLUCKIGER

(Name)

~~PO BOX 265, GRACE, ID 83241~~

(Street Address)

112 South Main St

Grace ID 83241

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

Name

Address

LISA R WARNES

2246 NORTH LAGO RD, GRACE, ID 83241

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

2246 NORTH LAGO RD, GRACE, ID 83241

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: LISA R WARNES

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/27/2016 05:00

CK:2207 CT:323684 BH:1525562

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