



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 APR 22 AM 8:46

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

East Idaho Myofascial Release, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviation "LLC," "L.L.C.," or "LC")

2. The complete street and mailing addresses of the principal office is:

1049 E 1400 N Shelley, Idaho 83274

(Principal Address)

(Additional Address, if different)

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

Vanetta Servoss

1049 E 1400 N Shelley, Idaho 83274

(Name)

(Street Address, including apartment, suite, or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Vanetta Servoss

1049 E 1400 N Shelley, Idaho 83274

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1049 E 1400 N Shelley, Idaho 83274

(Address)

Signature of organizer(s).

Signature: Vanetta Servoss

Printed Name: Vanetta Servoss

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/22/2016 05:00

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