

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 APR 18 AM 9: 29

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1. The name of the limited liability company is:	SECRETARY OF STATE
Complete Health Wind Bod	Soul LLC STATE OF IDAHO
2. The complete street and mailing addresses of th	e initial designated office:
(Street Address) Commercial Emm	eπ, ID. 83617
(Street Address)  5556 VauDucsen Ra Emma (Mailing Address, if different than street address)	eπ, ID 83617
3. The name and complete street address of the re	gistered agent:
(Name) SSSO (Street Address	Van Duesen Pd. Emmer, D. 8361
The name and address of at least one member of company:	or manager of the limited liability
Name	Address
Emberte C. Judy 5550 V	an Dursen Ed. Zumet. ID. 836 (7)
5. Mailing address for future correspondence (annu	ual report notices):
5550 VanDuesen Rd. Emmet	TD. 83417
Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
	Secretary of State use only
Signature	
Typed Name: Kinhertic C. Judy	
Signature	IDAHO SECRETARY OF STATE 94/18/2013 05:00
Typed Name:	CK: 27223 CT: 282121 BH: 1378148

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