

**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

11 MAR -7 AM 8:50

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Extending Your Health, LLC

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

1090 October Cove, Shelley, Idaho 83274

(Street Address)

(Mailing Address, if different than street address)

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

Chris S Hayes

(Name)

890 Oxford Drive, Idaho Falls, Idaho 83401

(Street Address)

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

**Name****Address**

Celeste Richey

1090 October Cove, Shelley, Idaho 83274

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

Hayes Management Services, Inc 890 Oxford Drive, Idaho Falls, Idaho 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Owner

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 03/07/2011 05:00  
 CK: 7447 CT: 184250 BH: 1263076  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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