



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

2017 APR -6 PM 2:26

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Bloom Perinatal Support Network LLC

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

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

850 Spy Glass Pt Pocatello, ID 83204

(Street Address)

(Mailing Address if different)

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

John Ackerman

850 Spy Glass Pt. Pocatello, ID 83204

(Name)

(Address cannot be a post office box or postal mail box.)

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

John Ackerman

850 Spy Glass Pt. Pocatello, ID 83204

(Name)

(Address)

Patty Ackerman

850 Spy Glass Pt. Pocatello, ID 83204

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

850 Spy Glass Pt. Pocatello, ID 83204

(Address)

Signature of organizer(s).

Signature: *John Ackerman*

Printed Name: John Ackerman

Signature: *Patty Ackerman*

Printed Name: Patty Ackerman

Secretary of State use only

IDAHO SECRETARY OF STATE

04/07/2017 05:00

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