



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL LIMITED LIABILITY COMPANY

2013 DEC 17 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

Peterson Naturopathic Medicine, PLLC

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

520 E. Coeur d'Alene Ave. / Coeur d'Alene, ID 83814

(Street Address)

(Mailing Address, if different than street address)

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

Hunter Peterson

(Name)

520 E. Coeur d'Alene Ave. / Coeur d'Alene
ID 83814

(Street Address)

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

Hunter Peterson

Name

520 E. Coeur d'Alene Ave. / Coeur d'Alene,
ID 83814

Address

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

520 E Coeur d'Alene Ave. / Coeur d'Alene, ID 83814

6. Future effective date of filing (optional): _____

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Medicine

Signature of a manager, member or authorized person.

Signature

[Signature]

Typed Name:

Hunter Peterson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
12/17/2013 05:00
CK: 1038 CT: 290725 BH: 1402037
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