



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 JAN 23 AM 9:04

1. The name of the limited liability company is:

Therapeutic Alternative SECRETARY OF STATE
STATE OF IDAHO

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

11417 Whispering Cliffs Dr
(Street Address)
Pocatello Id, 83202
(Mailing Address, if different than street address)

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

Dominee Hall 11417 Whispering Cliffs Dr
(Name) (Street Address)

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

Name	Address
<u>Dominee Hall</u>	<u>11417 Whispering Cliffs Dr. Pocatello</u>
<u>Lisa Mecham</u>	<u>927 W. Lander, Pocatello, ID 83204</u>

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

11417 Whispering Cliffs Dr Pocatello ID 83202

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

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: Dominee Hall

Signature [Signature]
Typed Name: Lisa Mecham

Secretary of State use only

IDAHO SECRETARY OF STATE
01/23/2013 05:00
CK: 2113 CT: 277240 BH: 1356868
1 @ 100.00 = 100.00 ORGAN LLC # 2

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