



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 AUG 18 AM 9:05

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Healing Hands LLC

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

77 S. 1st E.

(Street Address)

Rexburg Id 83440

(Mailing Address, if different than street address)

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

Marika Anderson

(Name)

77 S. 1st E. Rexburg Id 83440

(Street Address)

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

Name

Address

Marika Anderson

77 S. 1st E. Rexburg Id 83440

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

77 S. 1st E. Rexburg Id 83440

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

M. Anderson

Typed Name:

Marika Anderson

Signature

Typed Name:

Secretary of State use only

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Revised 07/2006

IDAHO SECRETARY OF STATE
08/18/2008 05:00
CK: 61131587365 CT: 119123 BH: 1132009
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