

## **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 JUN 28 PM 2: 52

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	SECRETARY OF STATE
The name of the limited lia	
Treasure Valley Acupunct	·
(Remember to include the	words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street and m	ailing addresses of the principal office is:
725 N. 15th Street Boise,	ldaho 83702
(Street Address)	
(Mailing Address, if different)	
The name of the registered	agent and the street address of the registered agent:
Shawn Harris	13381 W. Acorn Street Boise, Idaho 83713
(Name)	(Address cannot be a post office box or postal mail box.)
The name and address of	at least one governor of the limited liability company:
Shawn Harris	13381 W. Acorn Street Boise, Idaho 83713
(Name)	(Address)
(Name)	(Address)
(Name)	(Address)
(mano)	(Address)
(Name)	(Address)
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•	correspondence (annual report notices):
13381 W. Acorn Street Bo	olse, Idano 83/13
(Address)	
ature of organizer(s).	
= 44	Secretary of State use only
ature: <u> </u>	IDAHO SECRETARY OF STATE
Shawn Harris	06/28/2017 05:00
ed Name: Shawn Harris	CK:13786812 CT:172099 BH:1591:
	16 100.00 = 100.00 ORGAN LLC

Rev. 11/2015

Printed Name: --

Signature: