

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 DEC 28 PM 3:05

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Maleki Holistic Health L.L.C.

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

1416 W. Washington St Boise, ID 83702
(Street Address)

(Mailing Address, if different than street address)

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

Soraya Maleki
(Name)

1416 W. Washington St Boise ID 83702
(Street Address)

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

Soraya Maleki
Name

1416 W. Washington St Boise ID 83702
Address

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

1416 W. Washington St Boise ID 83702

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 Soraya Maleki
Typed Name: SORAYA MALEKI

Signature _____
Typed Name: _____

Secretary of State use only

g:\corp\forms\LLC forms\cert_org_llc.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
12/28/2010 05:00
CX: 1217 CT: 253849 BH: 1252770
1 @ 100.00 = 100.00 ORGAN LLC # 2

W99173