

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 23 PM 1:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Natural Alternative Midwifery Practice LLC

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

2829 N. Citrus Pl. Boise, ID 83713

(Street Address)

Same as above

(Mailing Address, if different than street address)

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

Rose Penwell C.P.M.

(Name)

2829 N. Citrus Pl. Boise, ID 83713

(Street Address)

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

Name

Address

Rose Penwell

2829 N. Citrus Pl. Boise, ID 83713

Ian Penwell

2829 N. Citrus Pl. Boise, ID 83713

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

2829 N. Citrus Pl. Boise, ID 83713

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 Rose Penwell

Typed Name: Rose Penwell

Signature [Signature]

Typed Name: Ian Penwell

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
07/23/2008 05:00
CK: 134935 CT: 172099 BH: 1128401
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