



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 MAY -8 AM 9:01

1. The name of the limited liability company is:

My Birth Doula LLC

SECRETARY OF STATE
STATE OF IDAHO

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

14477 W. Battenberg Dr. Boise ID 83713
(Street Address)

(Mailing Address, if different than street address)

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

Heather Norris 14477 W. Battenberg Dr.
(Name) (Street Address)

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

<u>Name</u>	<u>Address</u>
<u>Heather Norris</u>	<u>Same</u>

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

Same

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Heather Norris

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/08/2013 05:00
CK: 2322 CT: 129348 BH: 1372947
1 P 100.00 = 100.00 ORGAN LLC # 2