



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2017 DEC 14 AM 9:53

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Healing Presence, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:
506 Foster Ave Cottonwood ID 83522

(Street Address)

PO Box 149 Cottonwood ID 83522

(Mailing Address, if different)

3. The name of the registered agent and street address of the registered agent:
Cynthia Schultz 506 Foster Ave. Cottonwood, Idaho 83522

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:
Cynthia Schultz 506 Foster Ave. Cottonwood, Idaho 83522

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):
PO Box 149 Cottonwood ID 83522

(Address)

Signature of organizer(s).

Signature: Cynthia Schultz

Printed Name: Cynthia Schultz

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/14/2017 05:00

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