



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 FEB 19 PM 2:40

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Healthy Self - Heal Thy Self, L.L.C.

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

324 N Midland Blvd #1 Nampa, Idaho 83651

(Street Address)

(Mailing Address, if different than street address)

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

Grant W. Jones

(Name)

324 N Midland Blvd. #1 Nampa, Idaho 83651

(Street Address)

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

Name

Address

Grant W. Jones

324 N Midland Blvd # 1 Nampa, Id

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

324 N Midland Blvd #1 Nampa, Idaho 83651

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Grant W. Jones

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/19/2015 05:00

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