



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 JUL 15 PM 1:00

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Equilibrium, Acupuncture + Herbal Medicine LLC

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

139 River Vista Place Twin Falls, ID 83301
(Street Address)

Pioneer Bldg, Ste. 100
(Mailing Address, if different than street address)

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

Dana Henry 139 River Vista Place Suite 100
(Name) (Street Address) Twin Falls ID 83301

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

Name	Address
<u>Dana Henry</u>	<u>Po Box 896 Hawley, ID 83333</u>
_____	_____
_____	_____
_____	_____

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

Po Box 896 Hawley, ID 83333

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

Signature of a manager, member or authorized person.

Signature DH
Typed Name: Dana Henry

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/15/2011 05:00
CK: 1821 CT: 260720 BN: 1202607
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