



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 OCT 24 AM 9:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Belief Healing LLC

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

1565 Bullpen Way, Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

Kimberly M McGuire

(Name)

1565 Bullpen Way Idaho Falls, ID 83401

(Street Address)

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

Name

Address

Kimberly M McGuire

1565 Bullpen Way Idaho Falls, ID 83401

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

1565 Bullpen Way Idaho Falls, ID 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Kimberly M McGuire

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
10/24/2011 05:00
CK: 99 CT: 263534 BH: 1295286
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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