



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILE EFFECTIVE

11 JUN 27 AM 9:25

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

MOUNTAIN REFRESHED RAINDROP THERAPY, LLC

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

153 QUIET PLACE, MOYIE SPRINGS, ID 83845

(Street Address)

(Mailing Address, if different than street address)

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

CECIL WALDEN

(Name)

153 QUIET PLACE, MOYIE SPRINGS, ID 83845

(Street Address)

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

Name

Address

CECIL WALDEN

153 QUIET PLACE, MOYIE SPRINGS, ID 83845

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

153 QUIET PLACE, MOYIE SPRINGS, ID 83845

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

*Cecil Walden*

Typed Name: CECIL WALDEN

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
06/27/2011 05:00  
CK: 4562 CT: 260151 DN: 1200094  
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