



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

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

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2017 MAR 31 AM 8:33**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

Natural Path Health Care 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:

515 Pine Street, Suite G, Sandpoint, ID 83864

(Street Address)

(Mailing Address, if different)

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

Lawrence Blanchard

515 Pine Street, Suite G, Sandpoint, ID 83864

(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:

Lawrence Blanchard

515 Pine Street, Suite G, Sandpoint, ID 83864

(Name)

(Address)

Sandra Blanchard

515 Pine Street, Suite G, Sandpoint, ID 83864

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

515 Pine Street, Suite G, Sandpoint, ID 83864

(Address)

Signature of organizer(s).

Signature: Lawrence Blanchard

Printed Name: Lawrence Blanchard

Signature: Sandra Blanchard

Printed Name: Sandra Blanchard

Secretary of State use only

IDAHO SECRETARY OF STATE

**03/31/2017 05:00**

CK:2055 CT:337127 BH:1576545

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