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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED-EFFECTIVE

2010 MAR 23 PM 2:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Halcyon Therapies LLC

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

2105 N 12th ST Coeur D Alene ID 83814

(Street Address)

(Mailing Address, if different than street address)

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

Lawrence LLewellyn
(Name)

2105 N 12th ST Coeur D Alene ID 83814
(Street Address)

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

Name

Address

Lawrence LLewellyn

2105 N 12th ST Coeur D Alene ID 83814

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

2105 N 12th ST Coeur D Alene ID 83814

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Edward Stahlin

Typed Name: Edward Stahlin

Signature

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
03/23/2010 05:00
CK: 407152 CT: 172099 BH: 1214322
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