



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 FEB -7 AM 8:57

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is:

Natural Health Techniques PLLC

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

1069 Elk Meadow Lane, Deary, Idaho 83823

(Street Address)

Same

(Mailing Address, if different than street address)

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

Dr. Denice M. Moffat

(Name)

1069 Elk Meadow Lane, Deary, Idaho 83823

(Street Address)

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

Name

Address

Dr. Denice M. Moffat

1069 Elk Meadow Lane, Deary, Idaho 83823

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

1069 Elk Meadow Lane, Deary, Idaho 83823

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

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Veterinary medicine - Naturopathic medicine

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Dr. Denice M. Moffat

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/07/2011 05:00
CK: 1897 CT: 255217 BH: 1258044
1 @ 100.00 = 100.00 PROF LLC # 2

W/100288