



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2010 MAY -3 PM 2: 05

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Connective Healing Center, LLC

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

148 N. 2ND ST. APT. 1 EAGLE, ID 83616
(Street Address)

EAGLE
(Mailing Address, if different than street address)

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

JULIE SCHEU
(Name)

148 N. 2ND ST. APT. 1 EAGLE
(Street Address)
ID, 83616

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

Name	Address
<u>JULIE SCHEU</u>	<u>148 N. 2ND ST APT 1 EAGLE</u> 83616
_____	_____
_____	_____
_____	_____
_____	_____

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

148 N. 2ND ST APT 1 EAGLE, ID 83616

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 Julie Scheu
Typed Name: _____

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 05/03/2010 05:00
 CK: 430470 CT: 172099 DH: 1220526
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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