



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2011 FEB 11 PM 1:44

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Naturopathic Medicine LLC

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

6560 W Emerald St, Ste 124 Boise ID 83704
(Street Address)

(Mailing Address, if different than street address)

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

Sara Rodgers 6560 W Emerald St, Ste 124
(Name) (Street Address)

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

Name	Address
<u>SARA RODGERS</u>	<u>6560 W Emerald St, Ste 124</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

6560 W Emerald St, Ste 124 Boise ID 83704

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

Signature of a manager, member or authorized person.

Signature [Signature]

Typed Name: SARA RODGERS

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/11/2011 05:00
CK: 1151 CT: 255436 BH: 1259711
1 @ 100.00 = 100.00 ORGAN LLC # 2