



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 OCT 10 PM 3:01  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Heal Thyself MD LLC

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

3880 East Timbersaw Drive, Boise, Idaho 83716

(Street Address)

(Mailing Address, if different than street address)

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

Thomas Murphy

(Name)

3880 East Timbersaw Drive, Boise, Idaho 83716

(Street Address)

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

Name

Address

Thomas Murphy

3880 East Timbersaw Drive, Boise, Idaho 83716

Rachel Murphy

3880 East Timbersaw Drive, Boise, Idaho 83716

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

3880 East Timbersaw Drive, Boise, Idaho 83716

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature *Rachel Murphy*  
Typed Name: Rachel Murphy

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/10/2014 05:00  
CK: CASH CT: 302064 BH: 1444852  
1@ 100.00 = 100.00 ORGAN LLC #2

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