



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 JUL 14 AM 9:21
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Heal Now, LLC

2. The complete street address, and mailing address if different, of the initial designated/ principal office:

5168 E. Twila Ct. Post Falls, ID 83854

3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:

Holly A. Carling 5168 E. Twila Ct. Post Falls, ID 83854

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

Name

Address

Holly A. Carling

5168 E. Twila Ct. Post Falls, ID 83854

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

5168 E. Twila Ct. Post Falls, ID 83854

6. Future effective date of filing (optional):

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name:

Holly A. Carling

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
07/14/2008 05:00
CK: 1798 CT: 203371 BH: 1126897
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