



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN 14 PM 12:12

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Ten Moons Midwifery LLC

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

270 N. Linder Rd., Meridian, ID, 83642

(Street Address)

(Mailing Address, if different than street address)

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

Rachel Dana Elling

(Name)

2254 S. Blackspur Way, Meridian, ID, 83642

(Street Address)

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

Name

Address

Rachel Elling

2254 S. Blackspur Way, Meridian, ID, 83642

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

270 N. Linder Rd., Meridian, ID, 83642

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

Signature of a manager, member or authorized person.

Signature

Rachel Elling

Typed Name: Rachel Elling

Signature

Typed Name: _____

Secretary of State use only

W123165

IDAHO SECRETARY OF STATE
01/14/2014 05:00
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