



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
10 AUG -2 AM 11:48

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is:

Yoga for Healing P.L.L.C.

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

575 E. Parkcenter Blvd. Ste 150

(Street Address)

Boise ID 83706

(Mailing Address, if different than street address)

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

Tanya Penny

(Name)

349 W. Mayfair Ct Boise ID 83706

(Street Address)

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

Tanya Penny

Name

349 W. Mayfair Ct Boise ID 83706

Address

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

349 W. Mayfair Ct Boise ID 83706

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

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Occupational Therapist

Signature of a manager, member or authorized person.

Signature

Typed Name: Tanya Penny

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/02/2010 05:00
CK: 1015 CT: 250115 BH: 1233170
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