



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code
Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 SEP 18 AM 10:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Integrated Horse Therapy, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:
838 W 520 N Shoshone, ID 83352

(Street Address)

(Mailing Address, if different)

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

Johnny Urrutia

838 W 520 N Shoshone, ID 83352

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Johnny Urrutia

838 W 520 N Shoshone, ID 83352

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1096 N. Eastland Drive Ste. 200 Twin Falls, ID 83301

(Address)

Signature of organizer(s).

Signature: *Johnny Urrutia*

Printed Name: Johnny Urrutia

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/19/2017 05:00

CK:1096 CT:339842 BH:1603473

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