



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

## FILED

2014 JUL 23 AM 8:38

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Integrative Movement Solutions, LLC.

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

4097 N. Northwall Boise, ID 83703

(Street Address)

(Mailing Address, if different than street address)

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

Northwest Registered Agent, LLC.

(Name)

Coeur d'Alene, ID 83814

(Street Address)

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

**Name**

**Address**

Kevin Blume (Manager/Owner)

4097 N. Northwall Boise, ID 83703

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

4097 N. Northwall Boise, ID 83703

6. Future effective date of filing (optional): July 31 2014

Signature of a manager, member or authorized person.

Signature Kevin Blume

Typed Name: Kevin Blume

Signature \_\_\_\_\_

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

Secretary of State use only

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07/23/2014 05:00

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