



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 JAN -2 AM 9:05

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

QUANTUM BIOFEEDBACK CONNECTION, LLC

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

201 N. 6th AVE SANDPOINT IDAHO 83864
(Street Address)

(Mailing Address, if different than street address)

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

KATHLEEN REDMAN
(Name)

201 N. 6th AVE SANDPOINT ID. 83864
(Street Address)

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

Name	Address
<u>KATHLEEN REDMAN MGR.</u>	<u>201 N. 6th AVE SANDPOINT ID 83864</u>
<u>Charlotte Campbell</u>	<u>210 TIMBER BASIN RD. SAGE ID. 83860</u>
<u>RUSSEL HUNT</u>	<u>68544 HUG. RD. SUMMERVILLE OR. 97876</u>
<u>ANITA HUNT</u>	<u>68544 HUG. RD. SUMMERVILLE OR 97876</u>

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

201 N. 6th AVE SANDPOINT ID. 83864

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Kathleen Redman
Typed Name: KATHLEEN REDMAN

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
01/02/2009 05:00
CK: 7065 CT: 232729 RH: 1150470
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