



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 MAR 21 AM 8:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Nomadic Spiritual Healings LLC

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

1045 S. Ancona, Ste 150, Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Kathleen Roma

(Name)

1045 S. Ancona, Ste 105 Eagle, ID 83616

(Street Address)

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

Name

Address

Crysta Lyon

5771 S Orchid Way, Boise, ID 83716

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

1045 S. Ancona, Ste 150, Eagle, ID 83616

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

Signature of a manager, member or authorized person.

Signature 

Typed Name: Crysta Lyon

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/21/2014 05:00
CK: 1031 CT: 294677 BH: 1416520
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