



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

2015 OCT 16 PM 12:43

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
LouellaBean Childbirth Services LLC

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

2. The complete street and mailing addresses of the principal office is:
320 W. Fall Dr. Boise, Idaho 83706

(Street Address)

(Mailing Address, if different)

3. The name and complete street address of the registered agent:
Louisa Simonds 320 W. Fall Dr. Boise, Idaho 83706

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:
Jess Simonds 320 W. Fall Dr. Boise, Idaho 83706

(Name)

(Address)

Louisa Simonds

Same " "

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):
320 W. Fall Dr. Boise, Idaho 83706

(Address)

Signature of organizer(s).

Printed Name: Louisa Simonds

Signature: Louisa Simonds

Printed Name: Louisa Simonds

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/16/2015 05:00

CK:1312 CT:315756 BH:1496626

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