



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE 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.

2018 JAN 19 AM 9:27

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Native Touch Equine Sports 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:

400 South Main Street, Star, ID 83669

(Street Address)

(Mailing Address, if different)

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

Lynzee Saxton

400 South Main Street

(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:

Lynzee Saxton

400 South Main Street, Star, ID 83669

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

400 South Main Street, Star, ID 83669

(Address)

Signature of organizer(s).

Signature: *Lynzee Saxton*

Printed Name: Lynzee Saxton

Signature: _____

Printed Name: _____

Secretary of State use only

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01/22/2018 05:00

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