



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAR 24 AM 9:12

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Northwest Health and Rejuvenation LLC

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

2048 W. Shanna Ave, Coeur d'Alene, ID 83815

(Street Address)

Same

(Mailing Address, if different than street address)

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

Taffie Murphy

(Name)

2048 W. Shanna Ave, Coeur d'Alene, ID 83815

(Street Address)

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

Name	Address
<u>None Taffie Murphy</u>	<u>2048 W Shanna Ave, Coeur d'Alene, ID 83815</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

2048 W Shanna Ave, Coeur d'Alene, ID 83815

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Taffie Murphy Agent

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/24/2011 05:00
CK: 416289123 CT: 256925 BH: 1265000
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