

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2014 OCT 23 PM 1: 45

	(**************************************			
۱.	The name of the limited liability company is:  Better Birth Services, LLC		SECRETARY OF STATE STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated office: 1471 N Mansfield Place Eagle, ID 83616			
	(Street Address)			
	(Mailing Address, if different than street address)			
ì.	The name and complete street address of the registered agent:			
	Kyndal May	1471 N Mansfield Place Eagle, 1D 83616		
	(Name)	(Street Address)		
1.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	<u>Address</u>		
	Kyndal May	1471 N Mansfield Place Eagle, ID 83616		
			··· <u>·</u>	
_	Mailing address for fature correspond	undanas (annual ran	art national.	
Ο.	Mailing address for future correspondence (annual report notices): 1471 N Mansfield Place Eagle, ID 83616			
6.	Future effective date of filing (optio	nal):		
_	nature of a manager, member o	r authorized		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
er	son.		Secretary of State use only	
	nature Kyndal May		Secretary of State use only IDAHO SECRETARY OF STATE 10/23/2014 05:00	

Signature\_\_\_\_ Typed Name: \_\_\_\_

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