

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 DEC -7 PM 12:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Three Oaks Integrative Therapy Clinic L.L.C.

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

211 W. STATE STREET BOISE, ID. 83702

(Street Address)

(Mailing Address, if different than street address)

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

Susan R. Stockton

(Name)

211 W. STATE ST. BOISE, ID.

(Street Address)

83702

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

Name

Address

Susan R. Stockton

211 W. STATE ST. BOISE, ID.

83702

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

2910 Good Street Boise, ID. 83703

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

Signature of a manager, member or authorized person.

Signature Susan R. Stockton

Typed Name: SUSAN R. STOCKTON

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/07/2010 05:00
CK: 1065 CT: 230477 BH: 1249054
1 @ 100.00 = 100.00 ORGAN LLC # 2

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