

251

**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

 2011 AUG 15 PM 4:45  
 SECRETARY OF STATE  
 STATE OF IDAHO

1. The name of the limited liability company is:

Integrative Health of Lewiston, LLC

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

3510 12th Street, Suite 200, Lewiston, ID 83501

(Street Address)

(Mailing Address, if different than street address)

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

Kurt Bailey

(Name)

3510 12th Street, Suite 200, Lewiston, ID 83501

(Street Address)

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

NameAddress
Kurt Bailey
3510 12th Street, Suite 200, Lewiston, ID 83501

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

3510 12th Street, Suite 200, Lewiston, ID 83501

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Secretary of State use only

Signature

Typed Name: Kurt Bailey

Signature \_\_\_\_\_

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

 IDAHO SECRETARY OF STATE  
 08/16/2011 05:00  
 CK: 758297 CT: 172099 BH: 1286654  
 1 @ 100.00 = 100.00 ORGAN LLC # 3

W105873