



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 MAR 21 AM 8:41

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Fundamental Flight LLC

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

1045 S Ancona Ave. Suite 150, Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Kathleen Roma

(Name)

1045 S Ancona Ave Ste 150, Eagle ID 83616

(Street Address)

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

Name

Address

Nomadic Spiritual Healings LLC

5771 S Orchid Way, Boise, ID 83716

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

1045 S Ancona Ave #150 Eagle ID 83616

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Andrew Lyon

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/21/2014 05:00
CK: 1899 CT: 294676 BH: 1416519
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