



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12/13/12 - 7 40 9:57
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Fancy Feet Foot Clinic LLC

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

1880 N. Foxglove Ln. Post Falls, ID 83854-9290

(Street Address)

(Mailing Address, if different than street address)

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

Sarah Brown
(Name)

1880 N. Foxglove Ln Post Falls, ID
(Street Address) 83854-9290

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

Name	Address
<u>Sarah Brown</u>	<u>1880 N. Foxglove Ln. Post Falls, ID 83854-9290</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

1880 N. Foxglove Ln. Post Falls, ID 83854-9290

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

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: Sarah Brown

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/07/2012 05:00
CK: 5837 CT: 270090 BH: 1322949
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W113664