



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**2015 JUN 15 AM 10:30**

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Fox Moon Rising Healing Center LLC

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

4346 Rose Hill Place Boise, ID 83705

(Street Address)

(Mailing Address, if different than street address)

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

A'Channa Kichiwa Valle

(Name)

1403 S. Hervey St. Boise, ID 83705

(Street Address)

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

Name

Address

A'Channa Kichiwa Valle

1403 S. Hervey St. Boise ID 83705

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

1403 S. Hervey St. Boise, ID 83705

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

Signature of a manager, member or authorized person.

Signature

A'Channa Kichiwa Valle

Typed Name: A'Channa Kichiwa Valle

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE

**06/15/2015 05:00**

CK:1003 CT:311372 BH:1479932  
1@ 100.00 = 100.00 ORGAN LLC #2

W152915