

Printed Name: -

Rev. 11/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in <u>duplicate</u>.

FILED EFFECTIVE

2016 SEP 20 AM 8: 49

SECRETARY OF STATE STATE OF IDAHO

	OTHER OF INTIO
The name of the limited liability company is:	
MATRIX ARUMATHERAPY	LLC
(Remember to include the words "Limited Liability Company," "I	Limited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street and mailing addresses of the princ	cinal office is:
5465 EAST TERRA LINDA V	
(Street Address)	, , , , , , , , , , , , , , , , , , , ,
(Mailing Address, if different)	
The name of the registered agent and the street addre	ss of the registered agent:
DANIEL NELSON 5465 E.	TERRA LINDA WAY, NAMPA, ID, 8368
(Name) (Address cannot be a po	st office box or postal mail box.)
The same and address of at least one accompany of the	limited limbility company
The name and address of at least one governor of the	
DANIEL NELSON 5465 E. TERR	A LINDA WAY, NAMPA, ID, 83687
, was 1000y	
JOHN WARREN S465 E. TERRINAME) (Address)	RA LINDA WAY, NAMPA, ID 83687
(Address)	•
(Name) (Address)	
(Name) (Address)	
Mailing address for future correspondence (annual rep	•
5465 E. TERRA LINDA WAY	NAMPA, 1D, 83687
(Address)	•
ature of organizer(s).	
	Secretary of State use only
ture: Sal 6711_	IDAHO SECRETARY OF STATE
d Name: DANIEL D NEZSON	09/20/2016 05:00
WELDON	CK:3605 CT:329259 BH:1547148 10 100.00 = 100.00 ORGAN LLC #2
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