

Filed

Date Filed: 09/23/2010

Business ID: 636540

William M. Gardner

Secretary of State

State of New Hampshire

Filing fee: \$50.00

Fee for Form SRA: \$50.00

Total fees \$100.00

Use black print or type.

Form must be single-sided, on 8 1/2" x 11" paper;
double sided copies will not be accepted.Form LLC-1
RSA 304-C:12CERTIFICATE OF FORMATION
NEW HAMPSHIRE LIMITED LIABILITY COMPANYTHE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS
SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:FIRST: The name of the limited liability company is Spirit River Journey, LLCSECOND: The nature of the primary business or purposes are Energy Healing and
Meditation techniquesTHIRD: The name of the limited liability company's registered agent is Patricia L. Steinerand the street address, town/city (including zip code and post office box, if any) of its registered office is
(agent's business address) 23 Gray Hawk Road, Merrimack,
N.H. 03054FOURTH: The latest date on which the limited liability company is to dissolve is ungoingFIFTH: The management of the limited liability company is not vested in a manager or managers.SIXTH: The sale or offer for sale of any ownership interests in this business will comply with the
requirements of the New Hampshire Uniform Securities Act (RSA 421-B).

*Signature:

Patricia L. Steiner

Print or type name:

Patricia L. Steiner

Title:

member

(Enter "manager" or "member")

Date signed:

8/25/10

*Must be signed by a manager; if no manager, must be signed by a member.

Effective
9/23/10
*1:10 pm*State of New Hampshire
Form LLC 1 - Certificate of Formation 2 Page(s)DISCLAIMER: All documents
available for public inspectionMail fees, DATED AND SIGNED
of State, 107 North Main Street

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LLC-1 V-1.0

Form SRA – Addendum to Business Organization and Registration Forms **Statement of Compliance with New Hampshire Securities Laws**

Part I – Business Identification and Contact Information

Business Name: Spirit River Journey, LLC
 Business Address (include city, state, zip): 23 Gray Hawk Road, Merrimack, NH 03054
 Telephone Number: 603-860-1497 E-mail: srj10@comcast.net
 Contact Person: Patricia L. Steiner
 Contact Person Address (if different): N/A

Part II – Check ONE of the following items in Part II. If more than one item is checked, the form will be rejected.
[PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below.
However, you must insure that your business meets all of the requirements spelled out in A), B), and C)]:

1. ☒ Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets ALL of the following three requirements:
 A) This business has 10 or fewer owners; and
 B) Advertising relating to the sale of ownership interests has not been circulated; and
 C) Sales of ownership interests – if any – will be completed within 60 days of the formation of this business.
2. ☐ This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed - _____.
3. ☐ This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation - _____.
4. ☐ This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.

Part III – Check ONE of the following items in Part III:

1. ☐ This business is not being formed in New Hampshire.
2. ☒ This business is being formed in New Hampshire and the registration document states that any sale or offer for sale of ownership interests in the business will comply with the requirements of the New Hampshire Uniform Securities Act.

Part IV – Certification of Accuracy

(NOTE: The information in Part IV must be certified by: 1) all of the incorporators of a corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)

I (We) certify that the information provided in this form is true and complete. (Original signatures only)

Name (print): <u>Patricia L. Steiner</u> <u>Patricia L. Steiner</u>	Signature: <u>Patricia L. Steiner</u>
	Date signed: <u>8/25/10</u>
Name (print): _____	Signature: _____
	Date signed: _____
Name (print): _____	Signature: _____
	Date signed: _____



State of New Hampshire

2011 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2011

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 11/30/2011

Business ID: 636540

William M. Gardner

Secretary of State

SPIRIT RIVER JOURNEY, LLC

23 GRAY HAWK RD

MERRIMACK, NH 03054

ENTITY TYPE: LLC

BUSINESS ID: 636540

STATE OF DOMICILE: NEW HAMPSHIRE

ENERGY HEALING AND MEDITATION TECHNIQUES

ADDRESS OF PRINCIPAL OFFICE:

23 GRAY HAWK RD

MERRIMACK, NH 03054

REGISTERED AGENT AND OFFICE:

STEINER, PATRICIA LEE

23 GRAYHAWK RD

MERRIMACK, NH 03054

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address _____
☐ The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. Patricia L Steiner
STREET 23 Gray Hawk Rd.
CITY/STATE/ZIP Merrimack NH 03054

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Patricia L Steiner

Please print name and title of signer: Patricia L Steiner / MANAGER
NAME TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):



063654020111504

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529