







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0004760442

Date Filed: 5/30/2022 1:03:30 PM

Select one: Standard, Expedited descriptions below)	Company I or Same Day Service (see	Standard (filing fee \$100)	
Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		Magic Baths LLC	
2. The complete street address of the princ	ipal office is:		
Principal Office Address		356 W19TH STREET	
		IDAHO FALLS, ID 83402	
3. The mailing address of the principal offic	e is:	0.50 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Mailing Address		356 W 19TH ST IDAHO FALLS, ID 83402-4437	
		IDAI IO FALES, ID 63402-4437 	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent Rose Astle	
		Physical Address:	
		356 W19TH STREET	
		IDAHO FALLS, ID 83402	
		Mailing Address:	
		356 W 19TH ST	
		IDAHO FALLS, ID 83402-4437	
I affirm that the registered ac	jent appointed has consented	d to serve as registered agent for this entity.	
		Address	
Name		Address	
	356 W19TH STREET IDAHO FALLS, ID 8340		
Name Rose Astle			
Name			