



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2005 FEB 18 AM 9:09

1. The name of the limited liability company is: Twin Falls Massage Therapy LLC.
STATE OF IDAHO
2. The address of the initial registered office is: 261 8th Avenue East; Twin Falls,
Idaho 83301 and the name of the initial registered
agent at that address is: Michael K. Lampers
- Signature of registered agent: _____

3. Is management of the limited liability company vested in a manager or managers?

☒ Yes

☐ No

(check appropriate box)

4. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.

Name:

Address:

Michael K. Lampers

261 8th Avenue East; Twin Falls, ID

Gail A. Lampers

261 8th Avenue East; Twin Falls, ID

5. Signature of at least one person listed in #4 above:

Michael A. Lampers

Michael A. Lampers

Manager

Secretary of State use only

IDAHO SECRETARY OF STATE
02/18/2005 05:00
CK: 527 CT: 186246 BH: 793960
1 @ 100.00 = 100.00 ORGAN LLC # 2

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