CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 SEP 28 AM 10: 19

FILED EFFECTIVE

	(Instructions on ba	ck of application)	SECRETARY OF STATE
1.	The name of the limited liability of	ompany is:	STATE OF IDAHO
	INTUITIVE HANDS MASSAGE & BODYWORK, LLC		
2.	The complete street and mailing addresses of the initial designated/principal office:		
	4525 E. Vineyard Way, Nampa, ID 83686		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Companying Commission	12550 W. Evalores De	ive, Suite 100, Boise, ID 83713
	Corporation Service Company (Name)	(Street Address)	(vc, Butte 100, Dolse, 1D 65/15
4.	The name and address of at least one member or manager of the limited liability		
	company:		<u>Address</u>
	MATTHEW H. BRYDEN	4525 E. VINEYARD	WAY, NAMPA, ID 83686
			-
5.	Mailing address for future correspondence (annual report notices):		
	4525 E. VINEYARD WAY, NAMPA, ID 83686		
6.	Future effective date of filing (opt	ional):	
-	nature of a manager, member	or authorized	
per	son.		Secretary of State use only
Sig	nature NUMU 3 (L	bbett_	
	ped Name: Michele L. Abbott, Authoriz	ed Person	
, ,			
Sig	nature		IDAHO SECRETARY OF STATE 09/28/2010 05:0
	oed Name:		CK: 196857716 CT: 225566 BH: 12 1 0 100.00 = 100.00 DRGAN LLC
			1 8 20.00 = 20.00 EXPEDITE C

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