

Signature: 4

Rev. 08/2015

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED EFFECTIVE

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

2016 MAR 14 AM 10: 23

W163814

Complete and sub	mit the application in <u>duplicate</u>	SECRETARY OF S <b>TATE</b> STATE OF IDAHO
The name of the limited lia	bility company is:	STATE OF IDAMO
Mother Moon Massage LL	С	
(Remember to include the	words "Limited Liability Company," "Limite	d Company," or the abbreviations L.L.C., LLC. or LC)
The complete street and m	ailing addresses of the princ	cipal office is:
6477 W Fairview Ave Suite	F Boise, Idaho 83704	
(Street Address)		
220 N Sugar Street Apt #3 (Mailing Address, if different)	Nampa, ID 83687	
(Mailing Address, it different)		
The name and complete st	reet address of the registere	ed agent:
Tessica Tripple	220 N Sugar Street Apt #3 Nampa, ID 83687	
(Name)	(Address)	
	at least one governor of the	• •
Tessica Tripple	220 N Sugar Street Apt #3 Nampa, ID 83687	
Name)	(Address)	
Zachary Vinson	1898 W Shoshone Ave Nampa, ID 83651	
Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
	( ,	
Mailing address for future	correspondence (annual rep	ort notices):
220 N Sugar Street Apt #3	Nampa, Idaho 83687	
(Address)		
sture of organizer(s).		Secretary of State use only
ted Name: Tessica Tripple		IDAHO SECRETARY OF STATE
	7 . 1	03/14/2016 05:00 CK:206188335408 CT:321760 BH:151849
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Addisma: Zachary Vinson	iI	