



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR 11 AM 9:21

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Healthy Massage LLC

2. The complete street and mailing addresses of the initial designated office:

240 N. Main St. Ketchum, ID 83340

(Street Address)

P.O. Box 5691, Ketchum, ID 83340

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Sike Liu

(Name)

240 N. Main St Ketchum, ID 83340

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Sike Liu

P.O. Box 5691, Ketchum, ID 83340

5. Mailing address for future correspondence (annual report notices):

P.O. Box 5691, Ketchum, ID 83340

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Sike Liu

Typed Name: Sike Liu

Signature _____

Typed Name: _____

Secretary of State use only

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04/11/2013 05:00
CK: 160 CT: 281799 BH: 1369835
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