



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE
2018 FEB 23 PM 1:41
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Rain Medi-Spa, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

1444 Entertainment Dr. Suite 300, Boise ID 83709

(Street Address)

(Mailing Address, if different)

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

Erin PrettyWeasel

1444 Entertainment Dr Suite 300 Boise ID 83703

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Erin PrettyWeasel

PO Box 1311 Eagle ID 83616

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1444 Entertainment Dr. Suite 300, Boise ID 83616

(Address)

Signature of organizer(s).

Printed Name: Erin PrettyWeasel

Signature: *Erin PrettyWeasel*

Printed Name: _____

Signature: _____

Secretary of State use only
 IDAHO SECRETARY OF STATE
02/23/2018 05:00
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