



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAR 21 AM 8:28
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lavender Salon & Kneaded Touch Massage, LLC

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

306 N. Spokane Street, Ste. D

(Street Address)

Post Falls, ID 83854

(Mailing Address, if different than street address)

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

Rhayne Storme

(Name)

306 N. Spokane Street, Ste. D, Post Falls, ID 83854

(Street Address)

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

Name

Address

Rhayne Storme

306 N. Spokane Street, Ste. D, Post Falls, ID 83854

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

306 N. Spokane Street, Ste. D, Post Falls, ID 83854

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Rhayne Storme

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/21/2011 05:00
CK: 7403920005 CT: 256735 BH: 1265147
1 @ 100.00 = 100.00 ORGAN LLC # 2

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