

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2016 JAN 28 AM 9: 22

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1. The name of the limited liability company is:	SECRETARY OF STATE
Nature's Massage LLC	STATE OF IDAHO
2. The complete street and mailing addresses of the	initial designated office:
1215 1st St. S. Suite A (Street Address)	
(Street Address) Ampa Ldaho 83651 (Mailing Address, if different than street address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
Sava Motton 1215 15th (Street Address)	St.S. Swife A. Nampa ID 83651
The name and address of at least one member or company:	r manager of the limited liability
Name	Address
Sara matson SAR	ne
5. Mailing address for future correspondence (annua	al report notices):
1215 1st St. S. Suite A. Mai	npa Id. 83651
Future effective date of filing (optional):	
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature Wall (ab	IDAMO SECRETARY OF STATE
Typed Name: Sara Natsun	01/28/2016 05:00
	CK:6262 CT:319593 BH:1510929 1@ 100.00 = 100.00 ORGAN LLC #
Signature	16 20.00 = 20.00 CORP SUR #3
Typed Name:	E.

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