



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 FEB -6 AM 8:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Retreat Day Spa & Salon, LLC

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

1489 South Curlew Dr., Idaho Falls, ID 83406

(Street Address)

same

(Mailing Address, if different than street address)

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

Kim A. Wolfley

(Name)

205 Arave Lane, Blackfoot, ID 83221

(Street Address)

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

Name

Address

Kim A. Wolfley

205 Arave Lane, Blackfoot, ID83221

Paul K. Wolfley

205 Arave Lane, Blackfoot, ID 83221

Cassandra R. Goodman

255 N. Stout, Blackfoot, ID 83221

Sadie R. Wolfley

205 Arave Lane, Blackfoot, ID83221

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

1489 South Curlew Drive, Idaho Falls, ID 83406

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Kim A. Wolfley

Typed Name: Kim A. Wolfley

Signature

Cassandra R. Goodman

Typed Name: Cassandra R. Goodman

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
02/06/2009 05:00
CK: 1216 CT: 233882 BH: 1153827
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FILED EFFECTIVE