







## STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005561403

Date

Date Filed: 1/13/2024 2:50:35 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day S	Service (see Standard (filing fee \$100)
descriptions below)	Service (See Standard (ming 100 y 100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	MedSpa Mentor LLC.
2. The complete street address of the principal office is:	
Principal Office Address	3157 S. BOWN WAY
	SUITE 100 BOISE, ID 83706
0 111 11 11 11 11 11 11 11 11 11 11 1	DOIGE, ID 00100
The mailing address of the principal office is:     Mailing Address	3157 S BOWN WAY
Mailing Address	STE 104
	BOISE, ID 83706-5402
4. Registered Agent Name and Address	
Registered Agent	Marti Hutchinson
	Registered Agent
	Physical Address 3157 S BOWN WAY
	SUITE 100
	BOISE, ID 83706
	Mailing Address
	3157 S BOWN WAY
	STE 100 MARTI HUTCHINSON
	BOISE, ID 83706-5402
☐ I affirm that the registered agent appointed h	nas consented to serve as registered agent for this entity.
T amin'n that the registered agent appointed in	las consenied to serve as registered agent for this entity.
5. Governors	
Name	Address
Marti D Hutchinson	13100 S. CLOVERDALE RD. KUNA, ID 83634
2:	
Signature of Organizer:	
Marti Hutchinson	01/13/2024
Transfer accommodit	<u> </u>

Sign Here