



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 JUN 15 AM 9:43

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

River Rock Massage Therapy 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:

3403 Rock Creek Rd American Falls, ID 83211

(Street Address)

(Mailing Address, if different)

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

Amber M. Marino

3403 Rock Creek Rd American Falls, ID 83211

(Name)

(Address)

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

Amber M. Marino

3403 Rock Creek Rd American Falls, ID 83211

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

3403 Rock Creek Rd. American Falls, ID 83211

(Address)

Signature of organizer(s).

Printed Name: Amber M. Marino

Signature: Amber M. Marino

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/15/2018 05:00

CK:1388 CT:359192 BH:1649073

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