



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 DEC -8 AM 8:40

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Tranquility 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:

111 Cedar St Suite 10 Sandpoint, ID 83864

(Street Address)

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

Jodi Taylor

111 Cedar St Suite 10 Sandpoint, ID 83864

(Name)

(Address cannot be a post office box or postal mail box.)

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

Jodi Taylor

111 Cedar St Suite 10 Sandpoint, ID 83864

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

PO Box 67 Dover, ID 83825

(Address)

Signature of organizer(s).

Signature: Jodi Taylor

Printed Name: Jodi Taylor

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/08/2017 05:00

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