



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 JUL 10 PM 12: 4
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Delilah & Delphine Day Spa, LLC

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

521 Angela Dr., Hailey, ID 83333

(Street Address)

PO Box 3837, Ketchum, ID 83340

(Mailing Address, if different than street address)

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

Shanon Christensen

(Name)

521 Angela Dr., Hailey, ID 83333

(Street Address)

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

Name

Address

Shanon Christensen

521 Angela Dr., Hailey, ID 83333

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

PO Box 3837, Ketchum, ID 83340

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 Shanon Christensen

Typed Name: Shanon Christensen

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
07/10/2009 05:00
CK: 279498 CT: 172899 DH: 1178387
I P 100.00 = 100.00 ORGAN LLC # 2

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