



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2003 JUN 30 AM 9:32
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Magic Valley Academy of Massage Therapy, LLC

2. The street address of the initial registered office is:

676 Shoup Avenue West, Suite 2, Twin Falls, Idaho 83301

and the name of the initial registered agent at the above address is:

MaryAnn Hernandez

3. The mailing address for future correspondence is:

676 Shoup Avenue West, Suite 2, Twin Falls, Idaho 83301

4. Management of the limited liability company will be vested in:

Manager(s) ☒ or Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>MaryAnn Hernandez</u>	<u>676 Shoup Ave W., Ste 2, Twin Falls, ID 83301</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Signature of at least one person responsible for forming the limited liability company:

Signature: MaryAnn Hernandez
 Typed Name: MaryAnn Hernandez
 Capacity: Owner/Administrator

Signature: _____
 Typed Name: _____
 Capacity: _____

Secretary of State use only

g:\corp\forms\LLC forms\articlesorganization.pdf
 Revised 07/2002

IDAHO SECRETARY OF STATE
 06/30/2003 05:00
 CK: 1132 CT: 171170 BN: 688546
 1 @ 100.00 = 100.00 ORGAN LLC # 2

Web Form

W24901