



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 DEC -9 PM 1:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Sacred Body Therapy, LLC

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

2101 N. 33rd St. Boise, ID 83703

(Street Address)

- same -

(Mailing Address, if different than street address)

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

Ami Morrone

(Name)

2101 N. 33rd St. Boise, ID 83703

(Street Address)

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

Name

Address

Ami Morrone

2101 N. 33rd St. Boise, ID 83703

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

- same -

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Ami Morrone

Typed Name: Ami Morrone

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/09/2011 05:00
CK: CASH CT: 264856 BH: 1301098
1 @ 100.00 = 100.00 ORGAN LLC # 2

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