

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED.

(Instructions on back of application)

10 MIR -9 AM 8: 14

In Lieu
1. The name of the limited liability company is:
1. The name of the limited liability company is: Nurturing Therapeutic message L C STATE OF IDAHO 2. The complete street and mailing addresses of the initial designated/principal office: 2 of Socuce Ave. Ketchum, To f33 40
2. The complete street and mailing addresses of the initial designated/principal office:
Street Address) V Ce Ave, Ketchum, Ip 83340
(Street Address) P - 0 Box 6402 Kefehum FO F3340 (Mailing Address, if different than street address)
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:
Kristen L Johansen 208 Spruce Ave Ketchun, ID (Name) (Street Address) & 83340
4. The name and address of at least one member or manager of the limited liability
company:
Kristen L Johansen P.O Box 6402, Ketchum, IO33
Mister L Johansen 1.0 100x 6102; Retenum, 1083
5. Mailing address for future correspondence (annual report notices):
P.O Box 6402, Ketchum, 70 83340
6. Future effective date of filing (optional): 3/25/10
Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).
Secretary of State use only
Signature Dust J Whomen & (1, 9, 333)
Signature
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Signature CK: 1967 CT: 245783 BH: 1211695
Typed Name: