



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 OCT -8 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Family Massage and Nutrition LLC

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

152 East Main Street #111 Grigley ID 83442
(Street Address)

(Mailing Address, if different than street address)

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

Darci Petersen 3712 East 190 North Grigley ID 83442
(Name) (Street Address)

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

Name	Address
<u>Darci Petersen</u>	<u>3712 East 190 North Grigley ID 83442</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

152 East Main Street #111 Grigley ID 83442

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

Signature of a manager, member or authorized person

Signature Darci Petersen
Typed Name: Darci Petersen

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/08/2010 05:00
CK: 2090 CT: 251875 BH: 1242363
1 @ 100.00 = 100.00 ORGAN LLC # 2

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