



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 AUG -6 AM 8:57

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Bridge Street Massage LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

549 West 1st North **St. Anthony** **Id** **83445**

(Street Address)

(City)

(State)

(Zipcode)

(Mailing Address, if different)

(City)

(State)

(Zipcode)

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

Donald Powell **549 West 1st North** **St. Anthony** **Id** **83445**

(Name)

(Address)

(City)

(State)

(Zipcode)

4. The name and address of at least one governor of the limited liability company:

Donald Powell **549 W 1st N** **St. Anthony** **Id** **83445**

(Name)

(Address)

(City)

(State)

(Zipcode)

Elva Powell **549 W 1st N** **St. Anthony** **Id** **83445**

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

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

549 West 1st North **St. Anthony** **Id** **83445**

(Address)

(City)

(State)

(Zipcode)

Signature of organizer(s).

Printed Name: **Donald Powell**

Signature: Donald Powell

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/06/2015 05:00

CK:6819 CT:313153 BH:1486915

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