



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 JUN 23 AM 9:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Four Seasons 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:

4183 Main St. Troy, ID 83871

(Street Address)

PO BOX 331 Troy, ID 83871

(Mailing Address, if different)

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

Kaylene Howard

(Name)

211 Main St. Troy, ID 83871

(Address cannot be a post office box or postal paid box)

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

Kaylene Howard

(Name)

PO BOX 331 Troy, ID 83871

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

PO BOX 331 Troy, ID 83871

(Address)

Signature of organizer(s).

Signature:

Kaylene Howard

Printed Name:

Kaylene Howard

Signature:

Printed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

06/23/2016 05:00

CK:2077 CT:326038 BH:1534667

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 CORP SUR #3

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