



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUN -8 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Amazing Touch Therapeutic Massage, LLC

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

137 Hiway Avenue

(Street Address)

Pocatello, Idaho 83202

(Mailing Address, if different than street address)

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

Chris S Hayes

(Name)

890 Oxford Drive, Idaho Falls, Idaho 83401

(Street Address)

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

Name

Address

Amber L. Hoopes

137 Hiway Avenue, Pocatello, Idaho 83202

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

Hayes Management Services, Inc. 890 Oxford Drive, Idaho Falls, Idaho 83401

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

Signature of a manager, member or authorized person.

Signature

Amber L. Hoopes

Typed Name: Amber L. Hoopes

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/08/2011 05:00
CK: 117 CT: 259612 BH: 1277485
1 @ 100.00 = 100.00 ORGAN LLC # 2

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