



# 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**

2015 OCT -1 AM 8:34

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

**Four Seasons Spa, 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:

**1564 Buttercup Road**

(Street Address)

**Hailey, ID 83333**

(Mailing Address, if different)

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

**Jeff C. Jones**

**1564 Buttercup Road Hailey, ID 83333**

(Name)

(Address)

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

**Jeff C. Jones**

**1564 Buttercup Road Hailey, ID 83333**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**1564 Buttercup Road Hailey, ID 83333**

(Address)

Signature of organizer(s).

Printed Name: **Jeff C. Jones**

Signature: 

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**10/01/2015 05:00**

CK:8184 CT:220759 BH:1494608

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