



CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

2015 JUN 17 AM 10:37

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Mellow Mood Massage LLC

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

2514 Yellowstone Hwy St. Anthony ID
(Street Address)

83445
(Mailing Address, if different than street address)

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

Stacey Eckman
(Name)

225 Adam Ln Idaho Falls
(Street Address)

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

Stacey Eckman
Name

225 Adam Ln Idaho Falls ID
Address
83401

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

2514 Yellowstone Hwy St. Anthony ID 83445

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

Signature of a manager, member or authorized person.

Signature Stacey Eckman
Typed Name: Stacey Eckman

Secretary of State use only

Signature _____
Typed Name: _____

IDAHO SECRETARY OF STATE
06/17/2015 05:00
CK:2940674 CT:172099 BH:1480260
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