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ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application) FILED EFFECTIVE 04, 0CT - 4, AM 9: 56	,
 The name of the limited liability company is: SECRETARY OF STATE Healing Touch Massage Therapy, LECTION OF STATE STATE OF IDAHO The street address of the initial registered office is: <u>AMS</u>. <u>Wind</u> <u>Dancer</u>. <u>Way</u> and the name of the initial registered agent at the above address is: <u>Elena</u> <u>V</u>. <u>Gustafson</u> The mailing address for future correspondence is: <u>BODS</u>. <u>Wind</u> <u>Dancer</u>. <u>Way</u> Boise <u>ID</u> <u>837/2</u> Management of the limited liability company will be vested in: Manager(s) or Member(s) [] (please check the appropriate box) If management is to be vested in one or more manager(s), list the name(s) and address (s) of the bin in one or more manager(s), list the name(s) and 	
address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member. Name Address Name Address Elena V. Gustafson /800 S-Wind Dancer Way Boise /D 837/12	
6. Signature of at least one person responsible for forming the limited liability company: Signature: <u>Cleua</u> <u>Supported</u> <u>Secretary of State use only</u> Typed Name: <u>Eleua</u> <u>Supported</u> <u>Secretary of State use only</u> Signature <u>Cleua</u> <u>Supported</u> <u>Secretary of State use only</u> Signature <u>Cleua</u> <u>Supported</u> <u>Secretary of State</u> <u>16/64/20004</u> <u>35 ± 600</u> Ck: 1833 CT: 182620 <u>BH</u> : 769178 <u>1 @ 180.00</u> = 20.00 <u>CRSMM LLC # 2</u> <u>1 @ 28.00</u> = 20.00 <u>CRSMM LC # 2</u> <u>1 @ 28.00</u> =	