



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2009 JAN -2 PM 1:14

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Soak n Sleep Centers LLC

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

8107 W. Canterbury Ct, Boise, Id. 83704

(Street Address)

same

(Mailing Address, if different than street address)

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

Michael R. Davio

(Name)

8107 W. Canterbury Ct. Boise, Id. 83704

(Street Address)

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

**Name**

**Address**

Michael R. Davio

8107 W. Canterbury Ct. Boise, Id. 83704

Paul Hancock

2750 Kootenai, Pocatello, Id. 83201

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

8107 W. Canterbury Ct. Boise, Id. 83704

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature M. Davio

Typed Name: Michael R. Davio

Signature Paul Hancock

Typed Name: Paul Hancock

Secretary of State use only

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Revised 07/2008

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01/02/2009 05:00  
CK: 7393 CT: 139589 IN: 1158556  
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