



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the professional limited liability company is:

Rejuvenate Aesthetics, PLLC

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

1978 Anderson Place, Moscow, ID 83843

(Street Address)

(Mailing Address, if different than street address)

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

Jacqueline A. Riley

(Name)

1978 Anderson Place, Moscow, ID 83843

(Street Address)

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

Name

Address

Jacqueline A. Riley

1978 Anderson Place, Moscow, ID 83843

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

1978 Anderson Place, Moscow, ID 83843

6. Future effective date of filing (optional):

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Nursing, medicine, and therapy.

Signature of a manager, member or authorized person.

Signature

Typed Name: Jacqueline A. Riley

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 10/15/2012 05:00
 CK: 4875 CT: 24015 BH: 1343632
 1 @ 100.00 = 100.00 PROF LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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