



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 AUG 26 AM 9:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Palms Massage, LLC

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

611 Wilson Ave Ste 8, Pocatello ID 83201

(Street Address)

1830 Golden Gate, Pocatello ID 83201

(Mailing Address, if different than street address)

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

Auna J Stearns

(Name)

1830 Golden Gate, Pocatello ID 83201

(Street Address)

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

Name

Address

Auna J Stearns

1830 Golden Gate, Pocatello ID 83201

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

1830 Golden Gate, Pocatello ID 83201

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

Signature of a manager, member or authorized person.

Signature Auna J Stearns

Typed Name: Auna J Stearns

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/27/2013 05:00
CK: 7189 CT: 286837 DH: 1387594
1 @ 100.00 = 100.00 ORGAN LLC # 2

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