

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	n back of application)			
har managa are star to the star of			SECRETATION OF OR	⁷ 9. 3
he name of the limited liabil	ity company is:	en glaver (lib.) Elizabeth	" OF 1/2 STA	72
Helping Hands Massage & Bodyw			00.	ζ:
he complete street and maili 4814C River Road, Buhl, ID 8331		initial designated off	ice: Paris	
(Street Address)				-: [
Mailing Address, if different than street ad	dress)			
he name and complete stree	t address of the regis	stered agent:		
Cathreen Gietzen	4944C Divor Da	and Buld ID books		
Odinicon Cicizen	40140 17170	oad, Buhl, ID 83316	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Name)	(Street Address)			
(Name)				
he name and address of at l	(Street Address)	manager of the limit	ed liability	
ne name and address of at lo ompany:	(Street Address)		ed liability	
he name and address of at loompany: Name	(Street Address) east one member or 1	<u>Address</u>	ed liability	
he name and address of at lo ompany:	(Street Address) east one member or 1		ed liability	
he name and address of at loompany: Name	(Street Address) east one member or 1	<u>Address</u>	ed liability	
he name and address of at loompany: Name	(Street Address) east one member or 1	<u>Address</u>	ed liability	
he name and address of at loompany: Name	(Street Address) east one member or 1	<u>Address</u>	ed liability	
he name and address of at loompany: Name	(Street Address) east one member or 1	<u>Address</u>	ed liability	
he name and address of at loompany: Name	(Street Address) east one member or 1	<u>Address</u>	ed liability	
he name and address of at loompany: Name Cathreen Gietzen	(Street Address) east one member or i	Address pad, Buhl, ID 83316	ed liability	
ne name and address of at loompany: Name	east one member or i	Address pad, Buhl, ID 83316	ed liability	

Signature alku

Typed Name: Cathreen Gietzen

Signature

Typed Name:

IDAHO SECRETARY OF STATE 96/29/2913 95:99 CK: 261 CT: 284495 BH: 1378853 1 0 100.00 = 100.00 ORGAN LLC # 2

W126496