

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAY 10 AM 9:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Magic Touch, L.L.C.

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

366 E. 23rd St. Idaho Falls, ID. 83404

(Street Address)

(Mailing Address, if different than street address)

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

W. Scott Myers

(Name)

366 E. 23rd St. Idaho Falls, ID. 83404

(Street Address)

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

Name

Address

Jennifer J. Mulberry

1457 N. 1190 E. Shelley, ID. 83274

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

366 E. 23rd St. Idaho Falls, ID. 83404

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

Signature of a manager, member or authorized person.

Signature _____
Typed Name: Jennifer J. Mulberry

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/10/2013 05:00
CK: 1361 CT: 203010 BH: 1373329
1 @ 100.00 = 100.00 ORGAN LLC # 2

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