



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAR -4 PM 12:42

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

A New You Therapeutic Massage, LLC

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

140 North Freeman, Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

Brad A. Ball

(Name)

586 First Street, Idaho Falls, ID 83401

(Street Address)

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

Name

Address

Dustin A. Brown

140 North Freeman, Idaho Falls, ID 83401

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

140 North Freeman, Idaho Falls, ID 83401

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Dustin A. Brown

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/04/2011 05:00
CR: 2124 CT: 250740 BH: 1262766
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3