



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 FEB 17 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Classic Touch Rejuvenation Center, LLC

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

34236 E Cape Horn Circle, Bayview, ID 83803-0004

(Street Address)

PO Box 4, Bayview, ID 83803-0004

(Mailing Address, if different than street address)

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

Lynn Jennings

(Name)

34236 E Cape Horn Circle, Bayview, ID 83803-0004

(Street Address)

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

Name

Address

Lynn Jennings

34236 E Cape Horn Circle, Box 4, Bayview, ID 83803

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

PO Box 4, Bayview, ID 83803

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Lynn Jennings
Typed Name: Lynn Jennings

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
02/17/2009 05:00
CK: 5839 CT: 234129 BH: 1157878
1 @ 100.00 = 100.00 ORGAN LLC # 2

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FILED EFFECTIVE