

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

| 1.  | The name of the limited liability comp  | any is:                                  | STATE OF IDAHO                 |
|---|---|--|--------------------------------|
|   | Zoe Spa, L.L.C.   |  |                                |
| 2.  | The street address of the initial registered office is:   |  |                                |
|   | 912 S. Riverside Harbor Drive, Post Falls, ID 83854   |  |                                |
|   | and the name of the initial registered agent at the above address is:   |  |                                |
|   | John Hemmingson   |  |                                |
| 3.  | The mailing address for future correspondence is:   |  |                                |
|   | 912 S. Riverside Harbor Drive, Post Falls, ID 83854   |  |                                |
| 4. Management of the limited liability company will be vested |   |  | n:                             |
|   | Manager(s) or Member(s) (please check the appropriate box)  |  |                                |
| 5.  | management is to be vested in one or more manager(s), list the name(s) and ddress(es) of at least one initial manager. If management is to be vested in the nember(s), list the name(s) and address(es) of at least one initial member. |  |                                |
|   | Name  |  | Address                        |
|   | John Hemmingson   | 912 S. Riverside Harbor Drive            |                                |
|   |   | Post Falls, ID 83854                     |                                |
|   |   |  |                                |
|   |   |  |                                |
|   |   |  |                                |
|   |   |  | Add Marketin Brick (Printer).  |
|   |   |  |                                |
| 6.  | Signature of at least one person responses  | onsible for forming the                  | limited liability company:     |
|   | Signature:  | - B                                      | Secretary of State use only    |
|   | Typed Name: Peter J. Grabicki   | zařon. p                                 |                                |
|   | Capacity: Organizer   | pilorms/LLC forms/artsoforganization p65 |                                |
|   | Signature   | nms/arts                                 | 11/28/2003 RE-                 |
|   | Signature<br>Typed Name:  | omstLC formst                            | 1 0 100.00 = 100.00 MH: 713640 |
|   | Canacity  | Polform:                                 | EXPEDITE C                     |

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