



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**2015 JUN 23 AM 8:34**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

Miche's Massage LLC

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

1066 Yellowstone Apt 7 Pocatello, Id 83201

(Street Address)

PO Box 2942 Pocatello, Idaho 83206-2942

(Mailing Address, if different than street address)

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

Michelle Kirkman

(Name)

1066 Yellowstone Apt 7 Pocatello, Id 83201

(Street Address)

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

Name

Address

Michelle Kirkman

1066 Yellowstone Apt 7 Pocatello, ID 83201

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

P.O. BOX 2942 POCATELLO ID 83206-2942

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Michelle Kirkman

Typed Name:

Michelle Kirkman

Signature

Typed Name:

**SECRETARY OF STATE**

**06/23/2015 05:00**

**CK:7066 CT:311683 BH:1481059**

**1@ 100.00 = 100.00 ORGAN LLC #2**

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