



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 NOV -9 AM 8:33

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Maglc Spa, LLC

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

4322 W. Overland Rd., Boise, Idaho 83705

(Street Address)

(same)

(Mailing Address, if different than street address)

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

Pong O Mooers

(Name)

4322 W. Overland Rd., Boise, Idaho 83705

(Street Address)

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

Name

Address

Pong O Mooers

4322 W. Overland Rd., Boise, Idaho 83705

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

4322 W. Overland Rd., Boise, Idaho 83705

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 Pong O Mooers
Typed Name: Pong O Mooers

Signature _____
Typed Name: _____

Secretary of State use only

IDCORP/FORM 111C Form 111C-LLC PMD
Revised 07/2008

W88160

IDAHO SECRETARY OF STATE
11/09/2009 05:00
CK: 1047 CT: 242003 BH: 1194530
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