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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2011 MAR 30 PM 3:15

(Instructions on back of application)

STATE OF IDAHO

1. The name of the limited liability company is:

SoftTouch Electrolysis + Spa LLC

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

2498 E. Fairview Ave. #108 Meridian, ID 83642

(Street Address)

(Mailing Address, if different than street address)

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

Michelle Isom

(Name)

18191 Harvester Ave. Nampa, ID

(Street Address)

83687

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

Name
Michelle Isom

Address
18191 Harvester Ave.
Nampa, ID 83687

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

18191 Harvester Ave. Nampa, ID 83687

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Michelle Isom
Typed Name: Michelle Isom

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/31/2011 05:00
CK: 642845 CT: 172099 BH: 1267065
1 @ 100.00 = 100.00 ORGAN LLC # 2

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