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**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2011 MAR 30 PM 3:15

STATE OF IDAHO

1. The name of the limited liability company is:

Soft Touch 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.
83687
(Street Address)

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

Michelle Isom
Name18191 Harvester Ave.
Nampa, Id. 83687
Address

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 IsomTyped Name: Michelle Isom

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/31/2011 05:00
CK: 642845 CT: 172899 BH: 1267065
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