## FILED EFFECTIVE

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	CERTIFICATE OF		I I JUL I I AMIO: OI
	(Instructions on ba	ck of application)	OF THE STATE
1.	The name of the limited liability of	company is:	SECENTE Y OF STATE STATE OF IDAHO
	-	Rejuvenating Rays LLC	
2.	The complete street and mailing a 2900 N Govt Way # B Coeur d Alene 1 (Street Address)	-	nated/principal office:
	(Mailing Address, if different than street address		
3	The name and complete street ad		nt <sup>.</sup>
0.	Tracy Stokes	1919 E Saint Maries Ave Co	
	(name)	(Suder Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Address 1919 E Saint Maries Ave Coeur d Alene ID 83814	
	Tracy Stokes	1919 E Saint Maries Ave Co	eur d Alene ID 83814
			· · · · · · · · · · · · · · · · · · ·
			···
-			
5.	Mailing address for future corresp	•	ices):
	1919 E Saint Maries Ave Coeur d Alen	ie ID 83814	-
6.	Future effective date of filing (opti	ional):	
Sig	nature of a manager, member	or authorized	
per	son.		
per	son. $\Lambda \sim 1.0 + =$	~*	Secretary of State use only
Sig	nature Tracy 2 Stoke		Secretary of State use only
Sig	A lett		Secretary of State use only
Sig Typ Sig	nature <u>Inau 1 Stok</u> bed Name: <u>Tracy Stokes</u> nature	CK:	TOCHO SECRETORY OF STATE
Sig Typ Sig	nature <u>Inau</u> <u>L</u> Stoke bed Name: <u>Tracy Stokes</u>	CK:	