



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAY 24 PM 1:30
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

NATURALLY FOCUSED THERAPEUTIC & MEDICAL MASSAGE, LLC

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

3310 KIPLING RD BOISE ID 83706

(Street Address)

(Mailing Address, if different than street address)

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

Corporation Service Company

(Name)

12550 W. Explorer Drive, Suite 100, Boise, ID 83713

(Street Address)

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

Name

Address

KATHLEEN L BASILE

3310 KIPLING RD BOISE ID 83706

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

3310 KIPLING RD BOISE ID 83706

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person. Corporation Service Company.

Signature By: Ann R. Shilling

Typed Name: Ann R. Shilling

Title: Assistant Secretary

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/24/2011 05:00
CK: NONE CT: 1157 BH: 1275121
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W103576