



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 NOV 29 PM 4:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Skin For All Seasons LLC

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

685 So. Woodruff Suite E Idaho Falls, ID 83401

(Street Address)

350 Butterfly Drive, IF, ID 83401

(Mailing Address, if different than street address)

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

Rita Ann Kennedy

(Name)

350 Butterfly Drive, Idaho Falls, ID 83401

(Street Address)

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

Name

Address

Rita Ann Kennedy

350 Butterfly Drive, IF, ID 83401

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

350 Butterfly Drive, IF, ID 83401

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

Signature of a manager, member or authorized person.

Signature *Rita Ann Kennedy*

Typed Name: Rita Ann Kennedy

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/29/2012 05:00
CK: 1209514 CT: 172099 BH: 1349336
1 @ 100.00 = 100.00 ORGAN LLC # 2

W119444