

**FILED EFFECTIVE**

251



# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2013 JAN 25 PM 3:39

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Talamantez Massage LLC

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

325 South Woodruff, Idaho Falls, Idaho 83401

(Street Address)

(Mailing Address, if different than street address)

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

Connie Shirley

(Name)

325 South Woodruff, Idaho Falls, Idaho 83401 (County of Bonneville)

(Street Address)

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

**Name****Address**

Connie Shirley

325 South Woodruff, Idaho Falls, Idaho 83401

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

325 South Woodruff, Idaho Falls, Idaho 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Karla Figueroa, Legalzoom.com, Inc.

Signature

Typed Name:

Secretary of State use only

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 IDAHO SECRETARY OF STATE  
 01/28/2013 05:00  
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