



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2017 NOV -7 AM 10:51  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Wellness Revival Massage Therapy LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

3350 Americana Terrace #210A Boise ID 83706

(Street Address)

1300 W Bella St. APT B Boise ID 83702

(Mailing Address, if different)

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

Nicole Warner

1300 W Bella St. APT B Boise ID 83702

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Nicole Warner

1300 W Bella St. APT B Boise ID 83702

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1300 W Bella St. APT B Boise ID 83702

(Address)

Signature of organizer(s).

Signature: Nicole Warner

Printed Name: Nicole Warner

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

11/07/2017 05:00

CK:15212720 CT:172099 BH:1610948

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