







## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY **COMPANY**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

## -FILED-

File #: 0003915918

Date Filed: 6/25/2020 12:44:51 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Services descriptions below) | vice (see Standard (filing fee \$100)                   |
|--|---|
| 1. Limited Liability Company Name  |   |
| Type of Limited Liability Company  | Limited Liability Company                               |
| Entity name  | Next Level Therapy, LLC                                 |
| 2. The complete street address of the principal office is:   |   |
| Principal Office Address   | CHERIE SMITH  |
|  | 4201 E 1400 N<br>ASHTON, ID 83420                       |
| The mailing address of the principal office is:  |   |
| Mailing Address  | CHERIE SMITH  |
| <b>3</b>   | 4201 E 1400 N   |
|  | ASHTON, ID 83420-5405                                   |
| 4. Registered Agent Name and Address   |   |
| Registered Agent   | ROSALIE OWENS   |
|  | Registered Agent  |
|  | Physical Address 525 N 5TH STREET                       |
|  | ASHTON, ID 83420  |
|  | Mailing Address   |
|  | PO BOX 353  |
|  | ASHTON, ID 83420-0353                                   |
| ☑ I affirm that the registered agent appointed has   | consented to serve as registered agent for this entity. |
| 5. Governors   |   |
| Name   | Address   |
| Cherie Smith   | CHERIE SMITH  |
|  | 4201 E 1400 N   |
|  | ASHTON, ID 83420  |
| Signature of Organizer:  |   |
| Cherie Lee Smith   | 06/25/2020  |
| Sign Here  | Date  |