



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed)

For Office Use Only

**-FILED-**

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1. The name of the limited liability company is:

**Healing Touch 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:

**1706 N Trellis Ct., Post Falls, ID 83854**

(Street Address)

(Mailing Address, if different)

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

**1706 N Trellis Ct., Post Falls, ID 83854**

**Michael Briggs**

(Name)

(Address)

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

**1706 N Trellis Ct., Post Falls, ID 83854**

**Michael Briggs**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**1706 N Trellis Ct., Post Falls, ID 83854**

(Mailing Address)

Signature of organizer(s).

Printed Name: **Michael Briggs**

Signature: 

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

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

Secretary of State use only