



0005992616

**STATE OF IDAHO****Office of the secretary of state, Phil McGrane
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 #: 0005992616

Date Filed: 11/23/2024 12:14:45 PM

<p>Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)</p> <p>1. Limited Liability Company Name Type of Limited Liability Company Entity name</p> <p>2. The complete street address of the principal office is: Principal Office Address</p> <p>3. The mailing address of the principal office is: Mailing Address</p> <p>4. Registered Agent Name and Address Registered Agent</p>		<p>Standard (filing fee \$100)</p> <p>Limited Liability Company Melt Therapeutic Massage, LLC</p> <p>1776 STARLITE POCATELLO, ID 83201</p> <p>1776 STARLITE ST POCATELLO, ID 83201-1970</p> <p>Registered Agent Kristy McDowell Physical Address: 1776 STARLITE POCAELLO, ID 83201 Mailing Address: 1776 STARLITE ST POCATELLO, ID 83201-1970</p>						
<p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p> <p>5. Governors</p> <table border="1"> <tr> <td>Name</td> <td>Address</td> </tr> <tr> <td>Kristy McDowell</td> <td>1776 STARLITE POCATELLO, ID 83201</td> </tr> <tr> <td>Timothy McDowell</td> <td>1776 STARLITE POCATELLO, ID 83201</td> </tr> </table> <p>Signature of Organizer: <i>Kristy McDowell</i></p> <p>Sign Here _____ <i>11/23/2024</i> _____ Date</p>			Name	Address	Kristy McDowell	1776 STARLITE POCATELLO, ID 83201	Timothy McDowell	1776 STARLITE POCATELLO, ID 83201
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Kristy McDowell	1776 STARLITE POCATELLO, ID 83201							
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