



0005375765

**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 #: 0005375765

Date Filed: 8/30/2023 4:42:20 PM

Certificate of Organization Limited Liability Company

Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$100)

1. Limited Liability Company Name

Type of Limited Liability Company

Limited Liability Company

Entity name

MOBILE MASSAGE MEDICINE LLC

2. The complete street address of the principal office is:

Principal Office Address

2101 N29TH ST.
BOISE, ID 83703

3. The mailing address of the principal office is:

Mailing Address

2101 N29TH ST.
BOISE, ID 83703

4. Registered Agent Name and Address

Registered Agent

Registered Agent
CARLY R ANDERSON
Physical Address:
2101 N29TH ST.
BOISE, ID 83703
Mailing Address:
2101 N29TH ST.
BOISE, ID 83703☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

5. Governors

Name	Address
CARLY R ANDERSON	2101 N29TH ST. BOISE, ID 83703

Signature of Organizer:

CARLY ROSE ANDERSON08/30/2023

Sign Here

Date

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