







## 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-

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Certificate of Organization Limited Liability Compa Select one: Standard, Expedited or S descriptions below)	•	Standard (filing fee \$100)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		Massage Relief LLC	
2. The complete street address of the principal off	ce is:		
Principal Office Address		646 SYRINGA SPRINGS DR. FRUITLAND, ID 83619	
3. The mailing address of the principal office is:			
Mailing Address		646 SYRINGA SPRINGS DR FRUITLAND, ID 83619-5016	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent	
		Cassie Dahle Physical Address:	
		646 SYRINGA SPRINGS DR	
		FRUITLAND, ID 83619-5016	
		Mailing Address:	
		646 SYRINGA SPRINGS DR FRUITLAND, ID 83619-5016	
I affirm that the registered agent a	ppointed has consented	I to serve as registered agent for	r this entity.
Name	Address		
Cassie Dahle	646 SYRINGA SPRINGS DR FRUITLAND, ID 83619-5016		
Signature of Organizer:			
Cassie Dahle			05/31/2025
Sign Here			Date