



0006168507

**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 #: 0006168507

Date Filed: 3/23/2025 6:24:41 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 Boise Ridge Massage LLC</p> <p>784 S. CLEARWATER LOOP STE B POST FALLS, ID 83854</p> <p>784 S CLEARWATER LOOP STE B POST FALLS, ID 83854-9599</p> <p>NORTHWEST REGISTERED AGENT LLC Commercial Registered Agent Physical Address 784 S CLEARWATER LOOP STE B POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE B POST FALLS, ID 83854</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>Michael Carbone</td> <td>784 S. CLEARWATER LOOP STE B POST FALLS, ID 83854</td> </tr> </table> <p>Signature of Organizer:</p> <p><i>Nat Smith</i></p> <p>Sign Here</p> <p>03/24/2025</p> <p>Date</p> | | | Name | Address | Michael Carbone | 784 S. CLEARWATER LOOP STE B POST FALLS, ID 83854 |
| Name | Address | | | | | |
| Michael Carbone | 784 S. CLEARWATER LOOP STE B POST FALLS, ID 83854 | | | | | |

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