





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

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Sedescriptions below)	ervice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Palmer Therapy LLC
2. The complete street address of the principal office is: Principal Office Address	3535 JOHNNY CREEK RD APT B POCATELLO, ID 83204
The mailing address of the principal office is: Mailing Address	3535 JOHNNY CREEK RD APT B POCATELLO, ID 83204-4455
4. Registered Agent Name and Address	
Registered Agent I affirm that the registered agent appointed has 5. Governors	Registered Agent Timothy G Palmer Physical Address: 3535 JOHNNY CREEK RD APT B POCATELLO, ID 83204 Mailing Address: 3535 JOHNNY CREEK RD APT B POCATELLO, ID 83204-4455 as consented to serve as registered agent for this entity.
Name	Address
	3535 JOHNNY CREEK RD APT B POCATELLO, ID 83204
Signature of Organizer:	
Timothy Garr Palmer	01/08/2025
Sign Here	Date