







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 #: 0005532056

01/01/2024

Date

Date Filed: 1/1/2024 11:35:45 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same descriptions below)	e Day Service (see	Expedited (+\$40; filing fee \$140)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		Transcendent Massage Therapy LLC	
2. The complete street address of the principal office i	s:		
Principal Office Address		6249 W MAINE STREET	
		STE 206 SPIRIT LAKE, ID 83869	
		3FINT LAKE, ID 03009	
3. The mailing address of the principal office is:			
Mailing Address		604 TORRENS TRL SPIRIT LAKE, ID 83869-5085	
		01 INT EARE, ID 00003-0000	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent Faith Hopkins	
		Physical Address:	
		604 TORRENS TRAIL	
		SPIRIT LAKE, ID 83869	
		Mailing Address:	
		55 5	
		SPIRIT LAKE, ID 63609-3063	
☑ I affirm that the registered agent appear I affirm the registered agent agen	ointed has consented	I to serve as registered agent for this entity.	
5. Governors			
Name		604 TORRENS TRAIL SPIRIT LAKE, ID 83869 Mailing Address: 604 TORRENS TRL SPIRIT LAKE, ID 83869-5085 ed has consented to serve as registered agent for this entity. Address	
Faith Hopkins	604 TORRENS TRL		

SPIRIT LAKE, ID 83869-5085

SPIRIT LAKE, ID 83869-5085

604 TORRENS TRL

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Darrin Hopkins

Signature of Organizer:

Sign Here

Faith Lyn Marie Hopkins