







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney **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 #: 0004795731

Date

Date Filed: 6/27/2022 8:20:38 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Sedescriptions below)	ervice (see Expedited (+\$40; filing fee \$140)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	TheraHands Massage LLC
2. The complete street address of the principal office is:	
Principal Office Address	8411 W GALILEO CT BOISE, ID 83709
3. The mailing address of the principal office is:	
Mailing Address	8411 W GALILEO CT BOISE, ID 83709-7850
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Katheryn Rekow
	Physical Address: 8411 W GALILEO CT
	BOISE, ID 83709
	Mailing Address:
	8411 W GALILEO CT
☐ I affirm that the registered agent appointed ha	BOISE, ID 83709-7850 as consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Katheryn Rekow	8411 W GALILEO CT BOISE, ID 83709
Signature of Organizer:	
Katheryn Rekow	06/27/2022

Sign Here