



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

2015 JUL 21 AM 8:43

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

**New World Massage Therapy LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

<b>422 Chestnut St.</b>	<b>Bellevue</b>	<b>ID</b>	<b>83313</b>
(Street Address)	(City)	(State)	(Zipcode)

<b>PO Box 499</b>	<b>Bellevue</b>	<b>ID</b>	<b>83313</b>
(Mailing Address, if different)	(City)	(State)	(Zipcode)

3. The name and complete street address of the registered agent:

<b>Lani A Burns</b>	<b>422 Chestnut St.</b>	<b>Bellevue</b>	<b>ID</b>	<b>83313</b>
(Name)	(Address)	(City)	(State)	(Zipcode)

4. The name and address of at least one governor of the limited liability company:

<b>Lani A Burns</b>	<b>422 Chestnut St.</b>	<b>Bellevue</b>	<b>ID</b>	<b>83313</b>
(Name)	(Address)	(City)	(State)	(Zipcode)

<b>Marilyn A Walker</b>	<b>422 Chestnut St.</b>	<b>Bellevue</b>	<b>ID</b>	<b>83313</b>
(Name)	(Address)	(City)	(State)	(Zipcode)

(Name)	(Address)	(City)	(State)	(Zipcode)
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(Name)	(Address)	(City)	(State)	(Zipcode)
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5. Mailing address for future correspondence (annual report notices):

<b>PO Box 499</b>	<b>Bellevue</b>	<b>ID</b>	<b>83313</b>
(Address)	(City)	(State)	(Zipcode)

Signature of organizer(s).

Printed Name: **Lani A Burns**

Signature: *Lani A Burns*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

07/21/2015 05:00

CK: 227 CT: 312626 BH: 1484768

1@ 100.00 = 100.00 ORGAN LLC #2

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