



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2016 AUG -1 AM 10: 27**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:  
**Active Recovery Massage 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:  
**1046 North Government Way Coeur d'Alene ID 83814**

(Street Address)

(Mailing Address, if different)

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

**Katie Mack**

**1046 North Government Way Coeur d'Alene ID 83814**

(Name)

(Address cannot be a post office box or postal mail box.)

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

**Katie Mack**

**1046 North Government Way Coeur d'Alene ID 83814**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):  
**1046 North Government Way Coeur d'Alene ID 83814**

(Address)

Signature of organizer(s).

Signature: Katie Mack

Printed Name: Katie Mack

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

**08/02/2016 05:00**

CK:1025 CT:327423 BH:1540017

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