



0005079801

**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 #: 0005079801

Date Filed: 1/24/2023 3:06:12 PM

<p>Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)</p> <p>1. Limited Liability Company Name Type of Limited Liability Company Entity name</p> <p>2. The complete street address of the principal office is: Principal Office Address</p> <p>3. The mailing address of the principal office is: Mailing Address</p> <p>4. Registered Agent Name and Address Registered Agent</p>		<p>Standard (filing fee \$100)</p> <p>Limited Liability Company Natural Somatic Psychotherapy LLC</p> <p>PARALEE LEONARD 1951 BENCH RD. STE. J POCATELLO, ID 83201</p> <p>PARALEE LEONARD 445 ARABIAN AVE POCATELLO, ID 83201-2086</p> <p>Registered Agent Paralee Leonard Physical Address: 445 ARABIAN AVE POCATELLO, ID 83201 Mailing Address: 445 ARABIAN AVE POCATELLO, ID 83201-2086</p>				
<p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p> <p>5. Governors</p> <table border="1"> <tr> <td>Name</td> <td>Address</td> </tr> <tr> <td>Paralee Leonard</td> <td>445 ARABIAN AVE POCATELLO, ID 83201</td> </tr> </table> <p>Signature of Organizer:</p> <p><i>Paralee E. Leonard</i></p> <p>Sign Here</p>			Name	Address	Paralee Leonard	445 ARABIAN AVE POCATELLO, ID 83201
Name	Address					
Paralee Leonard	445 ARABIAN AVE POCATELLO, ID 83201					
		<p>01/24/2023</p> <p>Date</p>				