



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

**-FILED-**

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1. The name of the limited liability company is:

Total Bliss Massage Therapy, LLC

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

520 Highland Dr. Idaho Falls, ID 83401

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

Janet Anderson 520 Highland Dr. Idaho Falls, ID 83401

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

Janet Anderson 520 Highland Dr. Idaho Falls, ID 83401

5. Mailing address for future correspondence (annual report notices):

520 Highland Dr. Idaho Falls, ID 83401

Signature of organizer(s).

Printed Name: Janet Anderson

Signature: Janet Anderson

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

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

Secretary of State use only

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