





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 #: 0006115585

Date

Date Filed: 2/21/2025 11:06:22 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service descriptions below)	(see Expedited (+\$40; filing fee \$140)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Therapist Paris, LLC.
2. The complete street address of the principal office is:	
Principal Office Address	4799 RIVER RD BUHL, ID 83316
3. The mailing address of the principal office is:	
Mailing Address	4799 RIVER RD BUHL, ID 83316-5104
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Paris Conwell
	Physical Address: 4799 RIVER RD
	BUHL, ID 83316-5104
	Mailing Address:
	4799 RIVER RD
	BUHL, ID 83316-5104
I affirm that the registered agent appointed has con-	sented to serve as registered agent for this entity.
5. Governors	
Name	Address
	1799 RIVER RD BUHL, ID 83316
Signature of Organizer:	
Paris Conwell	02/21/2025

Sign Here