





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 #: 0005251602

Date

Date Filed: 5/25/2023 6:11:13 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Servidescriptions below) | ce (see Expedited (+\$40; filing fee \$140) |
|--|---|
| 1. Limited Liability Company Name | |
| Type of Limited Liability Company | Limited Liability Company |
| Entity name | A Touch Massage and Wellness Therapy Center LLC. |
| 2. The complete street address of the principal office is: | |
| Principal Office Address | 805 W DEWEY AVE NAMPA, ID 83686 |
| 3. The mailing address of the principal office is: | |
| Mailing Address | 805 W DEWEY AVE NAMPA, ID 83686-2670 |
| 4. Registered Agent Name and Address | |
| Registered Agent | Registered Agent |
| | Kim Gneiting |
| | Physical Address: 805 W DEWEY AVE |
| | NAMPA, ID 83686 |
| | Mailing Address: |
| | 805 W DEWEY AVE |
| | NAMPA, ID 83686-2670 |
| I affirm that the registered agent appointed has o | consented to serve as registered agent for this entity. |
| 5. Governors | |
| Name | Address |
| 1 3 | 05 W DEWEY AVE NAMPA, ID 83686 |
| Signature of Organizer: | |
| | |
| Kim A Gneiting | 05/25/2023 |

Sign Here