







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 #: 0005852266

Date

Date Filed: 8/8/2024 11:25:11 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same I descriptions below)	Day Service (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Prevention and Recovery Massage LLC
2. The complete street address of the principal office is:	TEAC W. WAVERLY DR
Principal Office Address	7518 W. WAVERLY DR. BOISE, ID 83704
3. The mailing address of the principal office is:	
Mailing Address	7518 W WAVERLY DR BOISE, ID 83704-7207
1. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Ariel Jameson
	Physical Address: 7518 W. WAVERLY DR.
	BOISE, ID 83704
	Mailing Address:
	7518 W WAVERLY DR
	BOISE, ID 83704-7207
I affirm that the registered agent appoir	nted has consented to serve as registered agent for this entity.
Name	Address
Ariel Jameson	7518 W. WAVERLY DR. BOISE, ID 83704
	BOISE, ID 65764
Signature of Organizer:	

Sign Here