



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

For Office Use Only

-FILED-

File #: 0004890649

Date Filed: 9/8/2022 2:23:00 PM

1. The name of the entity is: American Massage Therapy Association
2. The name which it shall use in Idaho is: American Massage Therapy Association, Inc.
(Enter a name here only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
- | | |
|---|--|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> General Partnership |
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> General Cooperative Association |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust |
| <input type="checkbox"/> Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.) | |

4. Jurisdiction of formation: DE
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:
500 Davis Street, Suite 900, Evanston, IL 60201
(Street Address)

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
- _____
(Street Address)
- _____
(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:
- _____
(Address)

8. Name and street address of registered agent in Idaho:
Corporation Service Company 1305 12th Avenue Road, Nampa, ID 83686
(Name and Address)

9. The name, capacity, and mailing address of at least one governor:

<u>Michael Colizza</u>	<u>President</u>	<u>500 Davis Street, Suite 900, Evanston, IL 60201</u>
(Name)	(Capacity)	(Address)
<u>William Brown</u>	<u>Secretary</u>	<u>500 Davis Street, Suite 900, Evanston, IL 60201</u>
(Name)	(Capacity)	(Address)

Secretary of State use only

Typed Name: William Brown

Signature: _____

Capacity: Secretary

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN MASSAGE THERAPY ASSOCIATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN MASSAGE THERAPY ASSOCIATION" WAS INCORPORATED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 1960.



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SR# 20223262975

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204162170

Date: 08-15-22

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