







## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney 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-

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descriptions below)	Day Service (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Your Phase massage therapy LLC
2. The complete street address of the principal office is:	
Principal Office Address	363 WEST 16TH STREET
	1 IDAHO FALLS, ID 83402
3. The mailing address of the principal office is:	
Mailing Address	1110 S BOULEVARD IDAHO FALLS, ID 83402-4033
4. Registered Agent Name and Address	
Registered Agent	Registered Agent DAVID M FERRY Physical Address:
	363 W 16TH ST 1
	IDAHO FALLS, ID 83402
	Mailing Address:
	363 W 16TH ST # 1 IDAHO FALLS, ID 83402-4228
☑ I affirm that the registered agent appoint	nted has consented to serve as registered agent for this entity.
5. Governors	
5. Governors  Name	Address
	363 WEST 16TH STREET
Name	
Name	363 WEST 16TH STREET 1
Name  Melissa S Ferry	363 WEST 16TH STREET 1