

**FILED EFFECTIVE**



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUN 22 PM 12:35

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

The Massage Therapy Clinic LLC

2. The complete street and mailing addresses of the initial designated/principal office:

420 W Lewis St Pocatello ID 83204

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Ana Pena

549 Filmore Pocatello ID 83201

(Name)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Ana Pena

549 Filmore Pocatello ID 83201

5. Mailing address for future correspondence (annual report notices):

549 Filmore Pocatello ID 83201

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature [Signature]  
Typed Name: Ana Pena

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
06/22/2009 05:00  
CK: 325376 CT: 238236 BH: 1175000  
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