

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2016 DEC -5 AM 10: 32

	applica	76.	
. The name of the limiter	d liability company is:	· 1	
Rock Solid Therapeuti	c Massage with Alison, LLC		
(Remember to inclu	de the words "Limited Liability Company"		
	Table Company,	"Limited Company," or the abbreviations L.L.C., LLC, or LC)	
The complete street an	nd mailing addresses of the pri	ncipal office is:	
1000 N. Orchard St., \$	uite 105, Boise, ID, 83706		
(Street Address)			
4050 N. Christine St., E	30ise, ID, 83704		
(Mailing Address, if different)			
The name of the register	and a surel and		
All and of the registe	ered agent and the street addre	ess of the registered agent:	
Allson Styer	4050 N. Christine St., Boise, ID, 83704		
(Name)	(Address cannot be a p	post office box or postal mail box.)	
The name and address	of at least one governor of the	limited liability company:	
r moorr Otyen	4050 N. Christin	4050 N. Christine St., Boise, ID, 83704	
(Name)	(Address)	.c ct., boise, iD, 63704	
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(Name)			
·	(Address)		
(Name)	(Address)		
(Name)			
·	(Address)		
Mailing addross for future	_		
Anso N. Christina Ot B	e correspondence (annual rep	ort notices):	
4030 N. Christine St, Bo	ise, ID, 83704		
(Address)			
andrum at a second			
nature of organizer(s).			
nature:	{	Secretary of State use only	
		IDAHO SECRETARY OF STATE	
ted Name: Alison Styer		12/05/2016 05:00	
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CK:1955 CT:331158 BH:1557971 10 100.00 = 100.00 ORGAN LLC #2

W175138

Signature:

Printed Name:

Álison Styer