





Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0006097667

Date Filed: 2/5/2025 10:40:57 AM

Certificate of Organization Limited Liability Compan Select one: Standard, Expedited or Sa descriptions below)		Standard (filing fee \$100)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		Benessere Healing LLC	
2. The complete street address of the principal office	e is:		
Principal Office Address		357 N 1587 EAST	
		ST. ANTHONY, ID 83445	
3. The mailing address of the principal office is:			
Mailing Address		357 N 1587 E	
		SAINT ANTHONY, ID 83445-	5109
4. Registered Agent Name and Address			
Registered Agent		BETH WINEGAR	
		Registered Agent	
		Physical Address	
		357 N 1857 E ST ANTHONY, ID 83445	
		Mailing Address	
☑ I affirm that the registered agent ap	pointed has consented	d to serve as registered agent fo	r this entity.
5. Governors			
Name		Address	
Beth Winegar		357 N 1587 EAST ST. ANTHONY, ID 83445	
Signature of Organizer:			
Beth Winegar			02/05/2025
Sign Here			Date