



STATE OF IDAHO

Office of the secretary of state, Phil McGrane
**FOREIGN REGISTRATION STATEMENT (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-

File #: 0005317100

Date Filed: 7/11/2023 8:19:21 PM

<p>Foreign Registration Statement (Limited Liability Company)</p> <p>Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$100)</p>								
<p>1. The name this limited liability company will use in Idaho is:</p> <p>Type of Limited Liability Company Foreign Limited Liability Company</p> <p>Entity name Blossom Therapy LLC</p> <p>Blossom Therapy LLC</p>								
<p>2. Home Jurisdiction</p> <p>The jurisdiction of formation is: MONTANA</p>								
<p>3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:</p> <p>Street Address 700 N EWING ST HELENA, MT 59601</p>								
<p>4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:</p> <p>Mailing Address 700 N EWING ST HELENA, MT 59601</p>								
<p>5. The complete street address of the principal office is:</p> <p>Principal Office Address 700 N EWING ST HELENA, MT 59601</p>								
<p>6. The mailing address of the principal office is:</p> <p>Mailing Address 700 N EWING ST HELENA, MT 59601-3605</p>								
<p>7. Registered Agent Name and Address</p> <p>Registered Agent Registered Agent Autumn I Pierce Physical Address: 2316 SUNNYBROOK DR. APT 304 NAMPA, ID 83686 Mailing Address: 2316 SUNNYBROOK DR APT 304 NAMPA, ID 83686-6471</p>								
<p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p>								
<p>8. Governors</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Autumn I Pierce</td> <td>Owner</td> <td>2316 SUNNYBROOK DR APT 304 NAMPA, ID 83686-6471</td> </tr> </tbody> </table>			Name	Title	Address	Autumn I Pierce	Owner	2316 SUNNYBROOK DR APT 304 NAMPA, ID 83686-6471
Name	Title	Address						
Autumn I Pierce	Owner	2316 SUNNYBROOK DR APT 304 NAMPA, ID 83686-6471						
<p>Signature of individual authorized by the entity to sign:</p>								



Autumn I Pierce

Sign Here

07/11/2023

Date

Job Title: Owner



CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

Blossom Therapy LLC

duly filed its **Articles of Organization for Domestic Limited Liability Company** in this office on **April 24, 2022**, and on that date was authorized to transact business in this state **for a term of perpetual duration**.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on the record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 11th day of July, 2023.

Christi Jacobson
Montana Secretary of State

Certificate Number: 42554125