







STATE OF IDAHO Office of the secretary of state, Phil McGrane **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-

File #: 0005528414

Date Filed: 12/27/2023 5:03:03 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Sam descriptions below) | e Day Service (see | Standard (filing fee \$100) | |
|--|----------------------|---|----|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Meadow Sage Wellness LLC | |
| 2. The complete street address of the principal office | s: | | |
| Principal Office Address | | 6501 W NORTHVIEW ST BOISE, ID 83704 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | 6501 W NORTHVIEW ST | |
| | | BOISE, ID 83704-7517 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | Registered Agent | |
| | | Isabel Palmer | |
| | | Physical Address: 6501 W NORTHVIEW ST | |
| | | BOISE, ID 83704 | |
| | | Mailing Address: | |
| | | 6501 W NORTHVIEW ST | |
| | | BOISE, ID 83704-7517 | |
| I affirm that the registered agent app | ointed has consented | I to serve as registered agent for this entity. | |
| 5. Governors | | | |
| Name | Address | | |
| Isabel Palmer | | 6501 W NORTHVIEW ST BOISE, ID 83704 | |
| | | | |
| Signature of Organizer: | | | |
| Isabel Palmer | | 12/27/20 | 23 |
| Sign Here | | Date | |