





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 #: 0005686373

Date Filed: 4/9/2024 6:09:32 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) | | Standard (filing fee \$100) | |
|--|--|---|----------------|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Essential Wellness by Nan LLC | |
| 2. The complete street address of the pr | rincipal office is: | | |
| Principal Office Address | | 1698 E RIVERVIEW DRIVE PRESTON, ID 83263 | |
| 3. The mailing address of the principal of | office is: | | |
| Mailing Address | | 1698 E RIVERVIEW DR PRESTON, ID 83263-5204 | |
| 4. Registered Agent Name and Address | 3 | | |
| Registered Agent | | NANETTE PHILLIPS Registered Agent | |
| | | Physical Address | |
| | | 1698 E RIVERVIEW DR PRESTON, ID 83263 | |
| | | Mailing Address | |
| I affirm that the registered 5. Governors | agent appointed has consented | d to serve as registered agent fo | r this entity. |
| Name | | Address | |
| Nan Phillips | 1698 E RIVERVIEW DI PRESTON, ID 83263 | 1698 E RIVERVIEW DRIVE PRESTON, ID 83263 | |
| Signature of Organizer: | | | |
| Nan Phillips | | | 04/09/2024 |
| Sign Here | | | Date |