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CERTIFICATE OF ORGANIZATION 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.**FILED EFFECTIVE**

2017 NOV -6 PM 4: 02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Clinically Effective Products, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC.)

2. The complete street and mailing addresses of the principal office is:

1869 E. Seltice Way, #393, Post Falls, Id 83854

(Street Address)

(Mailing Address, if different)

3. The name of the registered agent and street address of the registered agent:

Crandall Law Group PLLC

8597 N Wayne Dr Suite B Hayden ID 83835

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Wellspring Innovations, LLC

1869 E. Seltice Way #393, Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

1869 E. Seltice Way #393, Post Falls, ID 83854

(Address)

Signature of organizer(s).

Signature: Duke JohnsonPrinted Name: Duke Johnson

Signature: _____

Printed Name: _____

Secretary of State use only

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11/07/2017 05:00

CK:15189208 CT:172099 BH:1610876

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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