



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 JAN 27 AM 9:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

A.B. Wellness, 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:

313 9th St, Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different)

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

Abbie Belliston

313 9th St, Idaho Falls, ID 83404

(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:

Abbie Belliston

313 9th St, Idaho Falls, ID 83404

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

313 9th St, Idaho Falls, ID 83404

(Address)

Signature of organizer(s).

Signature:

Printed Name: Abbie Belliston

Signature:

Printed Name:

Secretary of State use only

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01/27/2017 05:00

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