

Signature:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code
Base Filing fee: \$100.00 typed, \$120 not typed
Complete and submit the application in duplicate.

## FILED EFFECTIVE

2018 JUN 15 AM 9: 06

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability company is:

LINDEN WELLNESS CENTER		
(Remember to include the words "I	Limited Liability Company," "Limited Company, "or the abbreviations L.L.C., LLC, or LC)	
The complete street and mailing at 1600 OVERLAND AVENUE, BU	· ·	
(Street Address)		
(Mailing Address, if different)		
The name and complete street address of the registered agent:		
TODD PHILLIPS	1710 OVERLAND AVE BURLEY ID 83318	
(Name)	(Address)	
The name and address of at least one governor of the limited liability company:		
GERALEE LILJENQUIST	530 E 200 S, BURLEY, ID 83318	
(Name)	(Address)	
CODY LILJENQUIST	530 E 200 S, BURLEY, ID 83318	
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
Mailing address for future correspo	ondence (annual report notices):	
PO BOX 608, BURLEY, ID 833	i <mark>18</mark>	
(Address)		
nature of organizer(s).		
nted Name: TODD PHILLIPS	Secretary of State use only	
nature:	10aho secretary of state 06/15/2018 05:00 CK:5613 CT:115036 BH:1649137 16 100.00 = 100.00 ORGAN LLC #2	
nted Name:	W203783	