

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 JUN 15 PM 4:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is: Idaho Wellness LLC.

2. The complete street and mailing addresses of the initial designated/principal office.

480 Blue Lakes Blvd Twin Falls, Id. 83301
(Street Address)

(Mailing Address, if different than street address)

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

REX Milo Wall 480 Blue Lakes Blvd. Twin Falls, Id.
(Name) (Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
Lorraine M Gumper	480 Blue Lakes Blvd. Twin Falls, Id. 83301

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

same as above

6. Future effective date of filing (optional): 6-15-11

Signature of a manager, member or authorized person.

Secretary of State use only

Signature

Typed Name: REX Milo Wall

Signature

Typed Name:

IDAHO SECRETARY OF STATE
06/15/2011 05:00
CK: 705893 CT: 172099 DH: 1270602
1 @ 100.00 = 100.00 ORGAN LLC # 2

W104244