

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
 (Name)

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

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

| Name | Address |
|------------------|---|
| Loraine 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.

 Signature
 Typed Name: REX Milo Wall

Secretary of State use only

 Signature _____
 Typed Name: _____

 IDAHO SECRETARY OF STATE
 06/15/2011 05:00
 CK: 705893 CT: 172099 BH: 1278602
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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