



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

2015 NOV -6 AM 9:39
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

AMW 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:

408 W Appaloosa Ave., Post Falls, Idaho 83854

(Street Address)

PO Box 1595, Post Falls, Idaho 83877

(Mailing Address, if different)

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

Brett Seright

408 W Appaloosa Ave., Post Falls, Idaho 83854

(Name)

(Address)

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

Annalee Wilson

408 W Appaloosa Ave., Post Falls, Idaho 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

PO Box 1595, Post Falls, Idaho 83877

(Address)

Signature of organizer(s).

Printed Name: Brett Seright

Signature: Brett Seright

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/06/2015 05:00

CK:1407 CT:316529 BH:1499477

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