

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

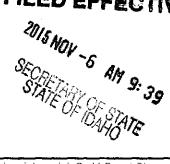
Complete and submit the application in duplicate.

The name of the limited liability company is: 1.

Printed Name:

Signature:

Rev. 08/2015



W158213

AMW Wellness, LLC		~7 <i>O</i> ~ C
(Remember to include the	words "Limited Liability Company." "Limi	ted Company," or the abbreviations L.L.C., LLC, or LC)
The complete street and r 408 W Appaloosa Ave., P	nailing addresses of the pri ost Falls, Idaho 83854	ncipal office is:
(Street Address) PO Box 1595, Post Falls,	Idaho 83877	
(Mailing Address, if different)		
The name and complete s	street address of the registe	red agent:
Brett Seright	408 W Appaloosa Ave., Post Falls, Idaho 83854	
(Name)	(Address)	
Annalee Wilson		e limited liability company: sa Ave., Post Falls, Idaho 83854
(Name)	(Address)	
Mailing address for future PO Box 1595, Post Falls,	correspondence (annual re Idaho 83877	port notices):
(Address)		
nature of organizer(s).		
ted Name: Brett Seright		Secretary of State use only IDAHO SECRETARY OF STATE
nature: <u>Sett Jugit</u>		11/06/2015 05:00 CK:1407 CT:316529 BH:1499477 16 100.00 = 100.00 ORGAN LLC #