



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

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1. The name of the limited liability company is:

Syringa Health and Wellness, LLC

2. The complete street and mailing addresses of the principal office is:

1745 Main Ave, St Maries Idaho 83861

PO Box 449, St Maries Idaho 83861

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

Rebekah Myers

1500 Whitts End St Maries Idaho 83861

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

Rebekah Myers

PO Box 449 St Maries Idaho 83861

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

PO Box 449 St Maries Idaho 83861

Signature of organizer(s).

Printed Name: Rebekah Myers

Signature: Rebekah Myers

Printed Name: _____

Signature: _____

Secretary of State use only

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