



# 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**

2017 OCT -2 AM 10:19

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

High Country 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:

1912 W. Hendricks Ct.

(Street Address)

Meridian, ID 83646

(Mailing Address, if different)

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

Monique Barber

1912 W. Hendricks Ct. Meridian, ID 83646

(Name)

(Address **cannot** be a post office box or postal mail box.)

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

Monique Barber

1912 W. Hendricks Ct., Meridian, ID 83646

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1912 W. Hendricks Ct., Meridian, ID 83646

(Address)

Signature of organizer(s).

Signature:

*Monique Barber*

Printed Name: Monique Barber

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

10/03/2017 05:00

CK:1439 CT:346530 BH:1605741

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