







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY **COMPANY**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004389581

Date Filed: 8/20/2021 1:34:27 PM

Select one: Standard, Expedited or Sam descriptions below)	ne Day Service (see	Standard (filing fee \$100)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		Wi Care Family Grocery LLC	
2. The complete street address of the principal office	is:		
Principal Office Address		1215 E SHERMAN AVE NAMPA, ID 83686	
3. The mailing address of the principal office is:			
Mailing Address		1215 E SHERMAN AVE	
		NAMPA, ID 83686-5333	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent	
		Clayton Hand Physical Address:	
		1215 E SHERMAN AVE	
		NAMPA, ID 83686	
		Mailing Address:	
		1215 E SHERMAN AVE	
		NAMPA, ID 83686-5333	
☑ I affirm that the registered agent app	ointed has consented t		
	ointed has consented t	NAMPA, ID 83686-5333	
I affirm that the registered agent app 5. Governors Name	ointed has consented t	NAMPA, ID 83686-5333	
5. Governors	1215 E SHER NAMPA, ID 83	NAMPA, ID 83686-5333 o serve as registered agent for this entity. Address MAN AVE	
5. Governors Name	1215 E SHER	NAMPA, ID 83686-5333 o serve as registered agent for this entity. Address MAN AVE 1686 MAN AVE	
5. Governors Name Clayton Hand	1215 E SHER NAMPA, ID 83 1215 E SHER	NAMPA, ID 83686-5333 o serve as registered agent for this entity. Address MAN AVE 1686 MAN AVE	
5. Governors Name Clayton Hand Vanessa Vega	1215 E SHER NAMPA, ID 83 1215 E SHER	NAMPA, ID 83686-5333 o serve as registered agent for this entity. Address MAN AVE 1686 MAN AVE	