







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 #: 0004830214

Date Filed: 7/25/2022 6:15:50 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same D descriptions below)	ay Service (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Regenerate Health LLC
2. The complete street address of the principal office is:	
Principal Office Address	784 S. CLEARWATER LOOP STE B POST FALLS, ID 83854
3. The mailing address of the principal office is:	
Mailing Address	784 S CLEARWATER LOOP
	STE B POST FALLS, ID 83854-9599
4. Registered Agent Name and Address	
Registered Agent	NORTHWEST REGISTERED AGENT LLC
	Commercial Registered Agent
	Physical Address 784 S CLEARWATER LOOP STE B
	POST FALLS, ID 83854
	Mailing Address
	784 S CLEARWATER LOOP STE B POST FALLS, ID 83854
☑ I affirm that the registered agent appoint	ed has consented to serve as registered agent for this entity.
5. Governors	
Name	Address
	58 THE WILLOWS SANDPOINT, ID 83864-6391
Signature of Organizer:	
Morgan Noble	07/25/2022
Sign Here	Date