

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

CERTIFICATE OF ORGANIZATION  LIMITED LIABILITY COMPANY  (Instructions on back of application)  1. The name of the limited liability company is:  Wishing Well Botanicals LLC	
(Instructions on back	of application)
The name of the limited liability com	pany is:
Wishing Well Botanicals LLC	
The complete street and mailing add	resses of the initial designated office:
12201 W. Havencrest Star ID 83669	
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street addre	ess of the registered agent:
Jamia Albright	12201 W. Havencrest Star ID 83669
(Name)	(Street Address)
The name and address of at least one member or manager of the limited liability company:      Name  Address	
<del></del>	Address 12201 W. Havencrest Star ID 83669
Jamia Albright	12201 W. Havericrest Star ID 63009
5. Mailing address for future correspond	dence (annual report notices):
12201 W. Havencrest Star ID 83669	
6. Future effective date of filing (optional	ıl):
Signature of a manager, member or authorized person.	
	Secretary of State use only
Signature Jally Jamia Albright	
Typed Name: Jamia Albright	
O'amantana	IDAHO SECRETARY OF STATE
Signature	19/93/2012 95:99 CK: 1152789 CT: 17999 RH: 1343784
Typed Name:	1 0 100.00 = 100.00 ORGAN LLC 1 2

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