



0003539234

**STATE OF IDAHO***Office of the secretary of state, Lawrence 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 - Make Checks Payable to Secretary of State

*For Office Use Only***-FILED-**

File #: 0003539234

Date Filed: 6/17/2019 11:44:12 AM

| Certificate of Organization Limited Liability Company   |   |      |         |  |   |
|---|---|------|---------|--|---|
| Standard or Expedited Service (select one)  | Expedited (+\$20; filing fee \$120)   |      |         |  |   |
| 1. Limited Liability Company Name   |   |      |         |  |   |
| Entity name   | Hydro Method LLC  |      |         |  |   |
| 2. The complete street address of the principal office is:  |   |      |         |  |   |
| Principal Office Address  | 894 E BOISE AVE<br>BOISE, ID 83706  |      |         |  |   |
| 3. The mailing address of the principal office is:  |   |      |         |  |   |
| Mailing Address   | 894 E BOISE AVE<br>BOISE, ID 83706-5122   |      |         |  |   |
| 4. Registered Agent Name and Address  |   |      |         |  |   |
| Registered Agent  | TAYLOR LAW OFFICES PLLC<br>Registered Agent<br>Physical Address<br>1112 W MAIN ST STE 101<br>BOISE, ID 83702<br>Mailing Address |      |         |  |   |
| 5. Governors  |   |      |         |  |   |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Idaho Nutrition and Wellness Clinic, LLC</td><td>894 E BOISE AVE<br/>BOISE, ID 83706-5122</td></tr></tbody></table> |   | Name | Address | Idaho Nutrition and Wellness Clinic, LLC | 894 E BOISE AVE<br>BOISE, ID 83706-5122 |
| Name  | Address   |      |         |  |   |
| Idaho Nutrition and Wellness Clinic, LLC  | 894 E BOISE AVE<br>BOISE, ID 83706-5122   |      |         |  |   |
| Signature of Organizer:   |   |      |         |  |   |
| <i>Christian S. Martineau, Attorney for Company</i>   | <i>06/17/2019</i>   |      |         |  |   |
| Sign Here   | Date  |      |         |  |   |

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