







STATE OF IDAHO Office of the secretary of state, Phil McGrane 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 #: 0006053759

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)		Standard (filing fee \$100)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Professional Limited Liability Company	
Entity name		Elevate Holistic Wellness, PLLC	
Profession The hydrogenia organized to practice the pro-	ofossion of:	Psychology	
The business is organized to practice the profession of:		rsychology	
The complete street address of the principal office is: Principal Office Address		1740 LAURELWOOD DRIVE HAILEY, ID 83333	
3. The mailing address of the principal office is:			
Mailing Address		1740 LAURELWOOD DR HAILEY, ID 83333-7080	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent Joan M Anderson Physical Address: 1740 LAURELWOOD DRIVE HAILEY, ID 83333 Mailing Address: 1740 LAURELWOOD DR HAILEY, ID 83333-7080	
I affirm that the registered agent appoint	ed has consented	to serve as registered agent for this entity.	
5. Governors			
Name		Address	
Joan M Anderson	1740 LAURELWOOD DRIVE HAILEY, ID 83333		
Signature of Organizer:			
Joan Marie Anderson		01/07/2025	
Sign Here		Date	—