



Reset Form



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

-FILED-

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1. The name of the limited liability company is:
Mushroom Health LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:
4293 E. LACHLAN ST MERIDIAN IDAHO 83642

(Street Address)

(Mailing Address, if different)

3. The name and complete street address of the registered agent:

TRAVIS BROWN

4293 E. LACHLAN ST MERIDIAN IDAHO 83642

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

TRAVIS BROWN

4293 E. LACHLAN ST MERIDIAN IDAHO 83642

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

4293 E. LACHLAN ST MERIDIAN IDAHO 83642

(Mailing Address)

Signature of organizer(s).

Printed Name: Travis brown

Signature:

Printed Name:

Signature:

Secretary of State use only

B0594-8865 05/13/2021 10:04 AM Received by ID Secretary of State Lawrence Denney