



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 DEC 11 AM 11:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
grove wellness 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:
311 Village Drive Tamarack Idaho 83516

(Street Address)

(City and Zip - Full State)

3. The name of the registered agent and the street address of the registered agent:
Tara Colegrove 311 Village Drive Tamarack Idaho 83615

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:
Tara Colegrove 311 Village Drive Tamarack Idaho 83615

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):
22591 access road Genesee Idaho 83832

(Address)

Signature of organizer(s)

Signature: _____

Printed Name: Tara Colegrove

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/11/2017 05:00

CK:40004 CT:349479 BH:1615513
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

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