







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 #: 0006126718

Date Filed: 2/24/2025 2:53:00 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same I descriptions below) | Day Service (see | Standard (filing fee \$100) |
|---|--------------------------------|---|
| 1. Limited Liability Company Name | | |
| Type of Limited Liability Company | | Limited Liability Company |
| Entity name | | M.R. Essentials, LLC |
| 2. The complete street address of the principal office is: $ \\$ | | |
| Principal Office Address | | 1697 W. NESQUALLY AVE. POST FALLS, ID 83854 |
| 3. The mailing address of the principal office is: | | |
| Mailing Address | | 1697 W NESQUALLY AVE POST FALLS, ID 83854-7360 |
| 4. Registered Agent Name and Address | | |
| Registered Agent | | Registered Agent |
| | | Michelle R Astle |
| | | Physical Address: 1697 W NESQUALLY AVE |
| | | POST FALLS, ID 83854-7360 |
| | | Mailing Address: |
| | | 1697 W NESQUALLY AVE |
| | | POST FALLS, ID 83854-7360 |
| I affirm that the registered agent appoir | nted has consented | d to serve as registered agent for this entity. |
| 5. Governors | | _ |
| Name | | Address |
| Michelle R Astle | 1697 W. NESQI POST FALLS, I | |
| | | |
| Signature of Organizer: | | |
| Signature of Organizer: Michelle R Astle | | 02/24/2025 |