







## **STATE OF IDAHO**

## Office of the secretary of state, Lawerence 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 For Office Use Only

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Date Filed: 10/4/2021 6:06:49 AM

| Select one: Standard, Expedited or Same descriptions below) | Day Service (see                   | Standard (filing fee \$100)  |
|---|------------------------------------|--|
| 1. Limited Liability Company Name                           |                                    |  |
| Type of Limited Liability Company                           |                                    | Limited Liability Company  |
| Entity name   |                                    | Life Solutions LLC   |
| 2. The complete street address of the principal office is   | <b>;</b> :                         |  |
| Principal Office Address                                    |                                    | 11619 WEST HAWKINS AVENUE<br>NAMPA, ID 83651   |
|   |                                    | NAIVIFA, ID 63031<br>  |
| 3. The mailing address of the principal office is:          |                                    | 45 400 NODWICH OID   |
| Mailing Address   |                                    | 15422 NORWICH CIR<br>HUNTINGTON BEACH, CA 92647-2712   |
|   |                                    | 110111111010110111111111111111111111111  |
| 4. Registered Agent Name and Address                        |                                    | REGISTERED AGENTS INC  |
| Registered Agent  |                                    | Commercial Registered Agent  |
|   |                                    | Physical Address   |
|   |                                    | 784 S CLEARWATER LOOP STE R  |
|   |                                    | POST FALLS, ID 83854   |
|   |                                    | Mailing Address  |
|   |                                    | 784 S CLEARWATER LOOP STE R  |
|   |                                    | POST FALLS, ID 83854   |
|   | inted has sensented t              | a compared and the state of the |
| I affirm that the registered agent appo                     | inted has consented t              | o serve as registered agent for this entity.   |
|   |                                    | o serve as registered agent for this entity.   |
|   |                                    | Address  |
| 5. Governors  |                                    |  |
| 5. Governors  Name  | 15422 NOR                          | Address  |
| 5. Governors  Name  | 15422 NOR<br>HUNTINGT              | Address WICH CIRCLE  |
| 5. Governors  Name  Matthew Victor Wazewski                 | 15422 NOR<br>HUNTINGT<br>15422 NOR | Address<br>WICH CIRCLE<br>ON BEACH, CA 92647-2712  |
| 5. Governors  Name  Matthew Victor Wazewski  Amber Wazewski | 15422 NOR<br>HUNTINGT<br>15422 NOR | Address WICH CIRCLE ON BEACH, CA 92647-2712 WICH CIRCLE  |
| 5. Governors  Name  Matthew Victor Wazewski                 | 15422 NOR<br>HUNTINGT<br>15422 NOR | Address WICH CIRCLE ON BEACH, CA 92647-2712 WICH CIRCLE  |