



0005638803

**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 #: 0005638803

Date Filed: 3/6/2024 2:32:37 PM

<p>Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)</p> <p>1. Limited Liability Company Name Type of Limited Liability Company Entity name</p> <p>2. The complete street address of the principal office is: Principal Office Address</p> <p>3. The mailing address of the principal office is: Mailing Address</p> <p>4. Registered Agent Name and Address Registered Agent</p>		<p>Standard (filing fee \$100)</p> <p>Limited Liability Company CMWellness, LLC</p> <p>11393 N. 20TH PLACE BOISE, ID 83714</p> <p>11393 N 20TH PL BOISE, ID 83714-2255</p> <p>Registered Agent Sally Cleary Physical Address: 11393 N. 20TH PLACE BOISE, ID 83714 Mailing Address: 11393 N 20TH PL BOISE, ID 83714-2255</p>				
<p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p> <p>5. Governors</p> <table border="1"> <tr> <td>Name</td> <td>Address</td> </tr> <tr> <td>Sally Cleary</td> <td>11393 N. 20TH PLACE BOISE, ID 83714</td> </tr> </table> <p>Signature of Organizer:</p> <p><i>Sally Cleary</i></p> <p>Sign Here</p> <p>03/06/2024</p> <p>Date</p>			Name	Address	Sally Cleary	11393 N. 20TH PLACE BOISE, ID 83714
Name	Address					
Sally Cleary	11393 N. 20TH PLACE BOISE, ID 83714					