





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

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File #: 0005901949

Date Filed: 9/16/2024 10:57:31 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Servidescriptions below)	ice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Switchback Wellness LLC
2. The complete street address of the principal office is:	
Principal Office Address	2559 N LINDA VISTA LN BOISE, ID 83704
3. The mailing address of the principal office is:	
Mailing Address	2559 N LINDA VISTA LN BOISE, ID 83704-5545
4. Registered Agent Name and Address	
Registered Agent	NORTHWEST REGISTERED AGENT LLC Commercial Registered Agent
	Physical Address
	784 S CLEARWATER LOOP STE B POST FALLS, ID 83854
	Mailing Address
	784 S CLEARWATER LOOP STE B POST FALLS, ID 83854
I affirm that the registered agent appointed has o	consented to serve as registered agent for this entity.
5. Governors	
Name	Address
	59 N LINDA VISTA LN DISE, ID 83704
Signature of Organizer:	
Emily Ensminger	09/17/2024
Sign Here	Date