



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE
2018 APR 20 PM 1:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Legacy Wellness LLC

2. The complete street and mailing addresses of the principal office is:

P.O. BOX 3244, Post Falls, ID 83877

3236 N Cormac Loop Post Falls, ID 83854

3. The name and complete street address of the registered agent:

DAVID WILLIAMS

3236 N Cormac Loop Post Falls, ID 83854

4. The name and address of at least one governor of the limited liability company:

Heidi Williams

P.O. BOX 3244, Post Falls, ID 83877

5. Mailing address for future correspondence (annual report notices):

P.O. BOX 3244, Post Falls, ID 83877

Signature of organizer(s).

Printed Name: David Williams

Signature: [Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/20/2018 05:00

CK:2848 CT:356627 BH:1639588

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 CORP SUR #3

W201008