





## 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 #: 0005791473

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Dadescriptions below) | ay Service (see                  | Standard (filing fee \$100)  |
|---|----------------------------------|--|
| Limited Liability Company Name     Type of Limited Liability Company  |                                  | Limited Liability Company  |
| Entity name   |                                  | The Wellness Clinic L.L.C  |
| The complete street address of the principal office is:     Principal Office Address                                |                                  | KYRA HEWARD<br>701 GEM DR<br>KIMBERLY, ID 83341  |
| 3. The mailing address of the principal office is:  |                                  |  |
| Mailing Address   |                                  | KYRA HEWARD<br>701 GEM DR<br>KIMBERLY, ID 83341-1911   |
| 4. Registered Agent Name and Address  |                                  |  |
| Registered Agent  |                                  | Registered Agent Kyra Heward Physical Address: 701 GEM DR KIMBERLY, ID 83341 Mailing Address: 701 GEM DR KIMBERLY, ID 83341-1911 |
| I affirm that the registered agent appointed  | ed has consented                 | to serve as registered agent for this entity.  |
| 5. Governors  |                                  |  |
| Name  |                                  | Address  |
| Kyra Heward   | 701 GEM DR<br>KIMBERLY, ID 83341 |  |
| Signature of Organizer:   |                                  |  |
| Kyra Heward   |                                  | 06/28/2024   |
| Sign Here   |                                  | Date   |