







## STATE OF IDAHO Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

**COMPANY** 

For Office Use Only

-FILED-

File #: 0004219341

Date Filed: 3/25/2021 6:05:01 PM

Certificate of Organization Limited Liability Compai Select one: Standard, Expedited or Sa descriptions below)	•	Standard (filing fee \$100)
1. Limited Liability Company Name		
Type of Limited Liability Company		Limited Liability Company
Entity name		Walker Wellness, LLC
2. The complete street address of the principal office	ce is:	
Principal Office Address		MICHELLE WALKER
		550 WESTWOOD DRIVE
		MOYIE SPRINGS, ID 83845
3. The mailing address of the principal office is:		
Mailing Address		MICHELLE WALKER 550 WESTWOOD DR
		MOYIE SPRINGS, ID 83845-5182
4. Registered Agent Name and Address		Decistored Asset
Registered Agent		Registered Agent Michelle Walker
		Physical Address:
		MICHELLE WALKER
		550 WESTWOOD DRIVE
		MOYIE SPRINGS, ID 83845
		Mailing Address:
		MICHELLE WALKER 550 WESTWOOD DR
		MOYIE SPRINGS, ID 83845-5182
I affirm that the registered agent a	ppointed has consented t	o serve as registered agent for this entity.
Name		Address
Michelle Walker	MICHELLE WAL	KER
The state of the s	550 WESTWOO	
	MOYIE SPRING	SS, ID 83845
Signature of Organizer:	•	
orginature of Organizer.		
Michelle Walker		03/25/2021