

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.**FILED EFFECTIVE****2017 SEP -7 PM 1:31****SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Gut Wellness LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

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

3238 N. Falstaff Pl, Eagle, ID 83616

(Street Address)

(Mailing Address, if different)

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

Mario Brus

3238 N. Falstaff Pl, Eagle, ID 83616

(Name)

(Address cannot be a post office box or postal mail box.)

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

Mario Brus

3238 N. Falstaff Pl, Eagle, ID 83616

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

3238 N. Falstaff Pl, Eagle, ID 83616

(Address)

Signature of organizer(s).

Signature: _____

Printed Name: Mario Brus

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/07/2017 05:00

CK:14618886 CT:172099 BH:1601865

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