



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED**

2014 JUN 30 AM 9:40

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

NourishMint Wellness LLC

2. The complete street and mailing addresses of the initial designated office:

1020 Alturas Dr.

(Street Address)  
Moscow, ID 83843

(Mailing Address, if different than street address)

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

Emily Potter

1020 Alturas Dr. Moscow, ID 83843

(Name)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:


<u>Name</u>	<u>Address</u>
Emily Potter	1020 Alturas Dr. Moscow, ID 83843
Gregg Potter	1020 Alturas Dr. Moscow, ID 83843

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

1020 Alturas Dr. Moscow, ID 83843

6. Future effective date of filing (optional): July 1st 2014

Signature of a manager, member or authorized person.

Signature   
Typed Name: Emily Potter

Signature   
Typed Name: Gregg Potter

Secretary of State use only  
IDAHO SECRETARY OF STATE  
06/30/2014 05:00  
CK:100 CT:298530 BH:1431389  
1@ 100.00 = 100.00 ORGAN LLC #2

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