



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

-FILED-

File #: 0005998087

Date Filed: 11/26/2024 10:03:00 AM

1. The name of the limited liability company is:

Etzold 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:

1675 Vista Dr, Twin Falls, ID, 83301

(Street Address)

(Mailing Address, if different)

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

Kathryn Etzold

1675 Vista Dr, Twin Falls, ID, 83301

(Name)

(Address)

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

Ty Sullivan

1675 Vista Dr, Twin Falls, ID, 83301

(Address)

Kathryn Etzold

same

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

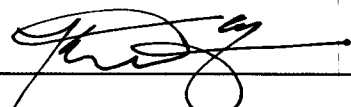
5. Mailing address for future correspondence (annual report notices):

1675 Vista Dr, Twin Falls, ID, 83301


(Mailing Address)

Signature of organizer(s).

Printed Name: Kathryn Etzold

Signature: 

Printed Name: Ty Sullivan

Signature: 

Secretary of State use only