





## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney 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 #: 0004611104

Date Filed: 2/14/2022 1:17:45 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same D descriptions below)	Day Service (see	Standard (filing fee \$100)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		True Nutrition and Wellness LLC.	
2. The complete street address of the principal office is:			
Principal Office Address		18379 N STREAMS EDGE WAY BOISE, ID 83714	
3. The mailing address of the principal office is:			
Mailing Address		18379 N STREAMS EDGE WAY BOISE, ID 83714-8877	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent	
		Shasta Molina Physical Address:	
		18379 N STREAMS EDGE WAY	
		BOISE, ID 83714	
		Mailing Address:	
		18379 N STREAMS EDGE WAY BOISE, ID 83714-8877	
☑ I affirm that the registered agent appoint	ted has consented t	o serve as registered agent for this entity.	
5. Governors			
Name		Address	
	18379 N ST	REAMS EDGE WAY	
Shasta L Molina Ms.		2714	
Shasta L Molina Ms.	BOISE, ID 8	3714	
Shasta L Molina Ms.  Signature of Organizer:		3714	
		02/14/2022	