



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

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-FILED-

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|--|------------------------|---|
| Select one: Standard, Expedited or Sadescriptions below) | ime Day Service (see | Standard (filing fee \$100) |
| 1. Limited Liability Company Name | | |
| Type of Limited Liability Company | | Limited Liability Company |
| Entity name | | North Idaho Whole Body Wellness LLC |
| 2. The complete street address of the principal offi | ce is: | |
| Principal Office Address | | KRISTA TICKEMYER |
| | | 5496 E PINE MOUNTAIN LANE |
| | | CDA, ID 83814 |
| 3. The mailing address of the principal office is: | | |
| Mailing Address | | KRISTA TICKEMYER |
| | | 5496 E PINE MOUNTAIN LN |
| | | COEUR D ALENE, ID 83814-2029 |
| 4. Registered Agent Name and Address | | |
| Registered Agent | | Registered Agent |
| | | Krista Tickemyer |
| | | Physical Address: 5496 E PINE MOUNTAIN LANE |
| | | CDA, ID 83814 |
| | | Mailing Address: |
| | | 5496 E PINE MOUNTAIN LN |
| | | COEUR D ALENE, ID 83814-2029 |
| I affirm that the registered agent a | ppointed has consented | I to serve as registered agent for this entity. |
| 5. Governors | | |
| Name | | Address |
| Krista Tickemyer | KRISTA TICKEMY | ER |
| i Kiista Tickeiiivei | 5496 E PINE MOU | INTAIN LANE |
| Knsta nckemyer | | |
| Kiista lickeiliyei | CDA, ID 83814 | |
| | | |
| Signature of Organizer: Krista Tickeymer | | 03/09/2022 |