



THE STORE OF	STATE OF IDAHO Office of the secretary of state, Phil I STATEMENT OF QUALIFICATION (LIABILITY PARTNERSHIP Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 - Make Checks Payable to S	OF LIMITED	For Office Use Only -FILED- File #: 0005438139 Date Filed: 10/11/2023 12:37:52 PM
Statement of Qualification of Limited Liability Partnership Select one: Standard, Expedited or Same Day Service (see descriptions below)		Standard (filing fee \$100)	
Limited Liability Partner	ship Name		
Type of Limited Liability Partnership		Limited Liability Partnership	
Entity name		Mindset Wellness LLP	
Limited Liability Partner	ship Designation		
By checking this box and filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.			
The complete street address of the principal office is:			
Principal Office Address		1022 NORTH 4TH STREET	
		STE 101 COEUR D ALENE, ID 838 ⁷	14
		COEUR D'ALEINE, ID 030	14
The mailing address of the principal office is:			
Mailing Address		JOHN NELMAR 1022 N 4TH ST	
		STE 101	
		COEUR D ALENE, ID 8387	14-3100
Street address of an office in this State:			
Address		None	
Registered Agent Name	e and Address		
Registered Agent		Registered Agent	
		JOHN NELMÄR	
		Physical Address: 1022 NORTH 4TH STREE	т
		STE 101	•
		COEUR D ALENE, ID 8387	14
		Mailing Address:	
		1022 N 4TH ST STE 101	
		COEUR D ALENE, ID 838	14-3100
I affirm that the registered agent appointed has consented to serve as registered agent for this entity.			
6. Signature of individua	al authorized by partners to sign:		
JOHN NELMAR			10/11/2023
Sign Here			Date
Job Title: PARTN	ER		