



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAR -8 AM 9:15

1. The name of the limited liability company is:

PERMANENT MAKEUP by APPOINTMENT, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

200 S KANSAS AVENUE, FRUITLAND, ID 83619

(Street Address)

P.O. BOX 656, FRUITLAND, ID 83619

(Mailing Address, if different than street address)

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

TRINA K. IRELAND

(Name)

615 SW 2ND ST, FRUITLAND, ID 83619

(Street Address)

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

Name

Address

TRINA K. IRELAND

P.O. BOX 656, FRUITLAND, ID 83619

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

P.O. BOX 656, FRUITLAND, ID 83619

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Trina K. Ireland

Typed Name: TRINA K. IRELAND

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/08/2013 05:00
CK: 3009 CT: 200360 BH: 1363500
1 @ 100.00 = 100.00 ORGAN LLC # 2