

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP 28 AM 9: 19

SECRETARY OF STATE STATE OF IDAHO

| 1. The name of the limited liability                           | company is:   | S                                       | TATE OF IDAI                          | HO                               |
|--|---|---|---------------------------------------|----------------------------------|
|  | Cliff's Clean Cuts LLC                              |   |                                       | _                                |
| 2. The complete street and mailing                             | addresses of the initial                            | designated/prin                         | cipal office:                         |                                  |
| 1744   | Spades Rd Sagle Idaho 838                           | 60                                      |                                       |                                  |
| (Street Address)   |   |   |                                       | )<br>                            |
| (Mailing Address, if different than street address             | s)  |   |                                       | +                                |
| 3. The name and complete street a                              | ddress of the registered                            | agent:                                  |                                       |                                  |
| Brenda Hamilton  | 8826 West Dufot Rd Sagle Idaho                      |   | 83860                                 |                                  |
| (Name)   | (Street Address)                                    |   |                                       | <u> </u>                         |
| The name and address of at least company:     Name             | st one member or mana                               | ger of the limited                      | d liability                           | <b>.</b>                         |
| Desire' Hamilton   | 1744 Spades Rd Sagle Idaho 8386                     |   | 3860                                  |                                  |
|  |   |   |                                       | -                                |
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|  |   |   |                                       | <del>-</del>                     |
|  |   |   | •                                     |                                  |
| <ol> <li>Mailing address for future corres<br/>1744</li> </ol> | oondence (annual repoi<br>Spades Rd Sagle Idaho 838 | •                                       |                                       | ,                                |
| 6. Future effective date of filing (opt                        | ional):   | ı                                       |                                       | <del></del>                      |
| o. I didie enective date of filling (opi                       | ionaly.   |   |                                       | <del>-</del>                     |
| Signature of organizer(s). (An organizer                       | ie a mambar orie                                    |   | •                                     |                                  |
| ecting in behalf of a member or members).                      | is a member, or is                                  |   |                                       |                                  |
| 1111111  | St. g   | Secretary of Stat                       | e use only                            |                                  |
| Signature Communication  | WD4   |   |                                       |                                  |
| Typed Name: Clifford Jon Ham                                   | illon ş   |   |                                       |                                  |
| Signature 1 - Han Han  | INTERPRETATION OF THE PAID                          | IMH0<br>89/28<br>1188 (Y)               | SECRETARY OF ST<br>/2009 0:           | FATE<br>5 = <b>00</b><br>1188869 |

Desire' Hamilton

Typed Name:

W87252