

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED

09 BEC 11 PM 1: 24

V V	(Instructions on back of	application)	SECRETARY OF STATE
1.	The name of the limited liability compa	ny is:	SECRETARY OF STATE STATE OF IDAHO
	IT'S TUB TII	ME GROOMING	
2.	The complete street and mailing addresses of the initial designated/principal office:		
		, RICHFIELD, ID	83349
	(Street Address) PO BOX 12,	RICHFIELD, ID	83349
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	DARLA CHAPPELL	170 W Latah	, RICHFIELD, ID 83349
	(Name) (S	Street Address)	
	The name and address of at least one recompany: Name DARLA CHAPPELL		Address X 12, RICHFIELD, ID 83349

5.	Mailing address for future corresponder		
	PO BOX 12,	RICHFIELD, ID	83349
6	Future effective date of filing (optional):		
٠.	, date checate date of him g (optional).		
Siar	nature of organizer(s). (An organizer is a me	mber or is	
_	g in behalf of a member or members).		
	00.00.00.00	Q.W.	Secretary of State use only
•	nature Live Chappell ad Name: DARLA CHAPPELL	ONG REPMD	
тур	ed Name: DARLA CHAPPELL	13 Cent	OF STATE
Siar	nature	rmsVLC forms\cert	IDAHO SECRETARY OF STATE 12/11/2009 05 19044
Signature		Mms vised	CK: 2177 CT: 24293/ BM: 1198656 1 8 188.88 = 188.88 ORSAN LLC #

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