



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 JAN 19 AM 8: 3L

CE 3	(Instructions on ba	ack of application)
1.	The name of the limited liability	company is: SALON STATE OF IDAHO  E MY ROOTS HAIR SECON L.L.C.
2.	The complete street and mailing 1878 N BING AVE	addresses of the initial designated/principal office:
	(Street Address) MERIDIAN, ID 83646  (Mailing Address, if different than street address	(ss)
3.	The name and complete street address of the registered agent:	
	MANORAK DENGSOTH	1878 N BING AVE MERIDIAN, ID 83646
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	<u>Address</u>
	MANORAK DENGSOTH	1878 N BING AVE MERIDIAN, ID 83646
5.	Mailing address for future corres	pondence (annual report notices):
6.	Future effective date of filing (opi	tional):
_	nature of a manager, member son.	or authorized Secretary of State use only
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Sig	nature	CK: 1660 CT: 254515 BH: 1255953
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