FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY	09 JUL 16 AM 9: 0
(Instructions on back of application) 1. The name of the limited liability company is: SILLOUETE BOUTIQUE LLC	SECRETARY OF STATE STATE OF IDAHO
 2. The complete street and mailing addresses of the initial designated/prine 2. The complete street and mailing addresses of the initial designated/prine 150% Northwest Blvd, & (Street Address) (Street Address) (Street Address) (General d'Alence, Ideno 63614 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: RENEE MOHR 3387 E WILDFLOWER LN HAYDER 	
(Name) (Name) 4. The name and address of at least one member or manager of the limite company: <u>Name</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Address</u> <u>Ad</u>	ed liability
5. Mailing address for future correspondence (annual report notices): 3387 E. Wildflower IN, Hayden J	<u>Elaho 83835</u>
Signature <u>Peter Mohr</u> Typed Name: <u>Peter Mohr</u>	ate use only HO SECRETARY OF STATE 6/2009 05 : 00 9 CT: 238446 BH: 1178979 9 = 100.00 ORGAN LLC # 2 USSH06

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