







## STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service descriptions below) | ce (see Expedited (+\$40; filing fee \$140)            |
|---|--|
| 1. Limited Liability Company Name   |  |
| Type of Limited Liability Company   | Limited Liability Company                              |
| Entity name   | W Skin, LLC  |
| 2. The complete street address of the principal office is:  |  |
| Principal Office Address  | WHITTNEY DAVIS   |
|   | 4802 PORTER DR.  |
|   | AMMON, ID 83406  |
| 3. The mailing address of the principal office is:  |  |
| Mailing Address   | WHITTNEY DAVIS   |
|   | 4802 PORTER DR   |
|   | AMMON, ID 83406-4561                                   |
| 4. Registered Agent Name and Address  |  |
| Registered Agent  | Registered Agent                                       |
|   | Whittney Davis   |
|   | Physical Address:<br>4802 PORTER DR                    |
|   | AMMON, ID 83406-4561                                   |
|   | Mailing Address:                                       |
|   | 4802 PORTER DR   |
|   | AMMON, ID 83406-4561                                   |
| I affirm that the registered agent appointed has c  | onsented to serve as registered agent for this entity. |
| 5. Governors  |  |
| Name  | Address  |
| Whittney Davis  | 4802 PORTER DR   |
|   | AMMON, ID 83406  |
| Signature of Organizer:   |  |
| Whittney Davis  | 03/11/2025   |
| Williams Davis  | 05/11/2025   |