



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 DEC 16 AM 9:59

1. The name of the limited liability company is:

Debi's Younique LLC

2. The complete street and mailing addresses of the initial designated office:

4613 E. Botanical Dr. Idaho Falls, ID 83406

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Debi Jackson

(Name)

4613 E. Botanical Dr. Idaho Falls, ID 83406

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Debi Jackson

4613 E. Botanical Dr. Idaho Falls, ID 83406

5. Mailing address for future correspondence (annual report notices):

4613 E. Botanical Dr. Idaho Falls, ID 83406

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Debi Jackson

Typed Name: Debi Jackson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
12/16/2013 05:00
CK: 1777 CT: 290651 RH: 1401002
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