

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

12 HAY 21 PH 12: 33

(Instructions on back of application)

SECRETARY OF STATE

1. The name of the Berlind Babillian community	ny is: STATE OF IDAHO
<ol> <li>The name of the limited liability compar</li> </ol>	ny is:
Get Jaz	zzed Salon, LLC
2. The complete street and mailing addres	sses of the initial designated/principal office:
4501 E	Thomas Mill Dr
(Street Address)	
Nam (Mailing Address, if different than street address)	npa, ID 83686
The name and complete street address	of the registered agent:
Jasmine Snooks	4501 Thomas Mill Dr
(Name) (S	street Address)
Company:  Name	Address
Jasmine Snooks	4501 Thomas Mill Dr
Aaron Snooks	4504 The second 1411 B
Aaron Snooks	4501 Thomas Mill Dr
. Mailing address for future corresponden	nce (annual report notices):
4501 1	Thomas Mill Dr
6. Future effective date of filing (optional):	nber, or is
cting in behalf of a member or members).	Secretary of State use only
AMMON	O W
yned Name: Jasmine Spooks	IDAHO SECRETARY OF STATE    Daylor
yped Name: Jasmine Snooks	ikeart .
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yped Name: / Aaron Snooks	「

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