	ARTICLES OF OR	
		TY COMPANY
	34 JITo the Secretary of Stat Stateliouse, Boise, Idal	te of Idano, ho 83720
	The name of the limited liability company	is: Looks Unlimited, Ltd. Co.
	The address of the initial registered office i	is:670 South 15th Street,
	Boise, Idaho 83702	(not a PO Box)
-	agent at that address is:Amy ABals	and the name of the initial register
		$\cap \mathcal{R} \cap \mathcal{R}$
4	Signature of registered agent :	L Dod Stal
•	The latest date certain on which the limited	l liability company will dissolve:July_1, 20
l		any vested in a manager or managers?
l	s management of the limited liability compa	any vested in a manager or managers? No (check appropriate box)
	🔀 Yes 🗌	NO (check appropriate box)
. <b> </b>  }	Yes f management is vested in one or more ma east one initial manager. If management is	NO (check appropriate box) anager(s), list the name(s) and address(es) of a
l	Yes f management is vested in one or more ma east one initial manager. If management is address(es) of at least one initial member.	NO (check appropriate box)
l	Yes f management is vested in one or more ma east one initial manager. If management is	NO (check appropriate box) anager(s), list the name(s) and address(es) of a
  4  8	Yes f management is vested in one or more ma east one initial manager. If management is address(es) of at least one initial member.	No (check appropriate box) anager(s), list the name(s) and address(es) of a s vested in the members, list the name(s) and
  4  8	Yes f management is vested in one or more ma east one initial manager. If management is address(es) of at least one initial member. <u>Name:</u>	No (check appropriate box) anager(s), list the name(s) and address(es) of a s vested in the members, list the name(s) and <u>Address:</u>
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  4  8	Yes f management is vested in one or more ma east one initial manager. If management is address(es) of at least one initial member. <u>Name:</u>	No (check appropriate box) anager(s), list the name(s) and address(es) of a s vested in the members, list the name(s) and <u>Address:</u>
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	Yes         f management is vested in one or more maters one initial manager. If management is address(es) of at least one initial member.         Name:         Amy A. Balstad	No (check appropriate box) anager(s), list the name(s) and address(es) of a s vested in the members, list the name(s) and <u>Address:</u> 670 S. 15th St., Boise, ID 83702
.    4  8  -  -  -	Yes f management is vested in one or more ma east one initial manager. If management is address(es) of at least one initial member. <u>Name:</u>	No (check appropriate box) anager(s), list the name(s) and address(es) of a s vested in the members, list the name(s) and <u>Address:</u> 670 S. 15th St., Boise, ID 83702
  4 	Yes         f management is vested in one or more magement is vested in one or more magement is address(es) of at least one initial member.         Name:         Amy A. Balstad         Signature of at least one person listed in #5	No (check appropriate box) anager(s), list the name(s) and address(es) of a s vested in the members, list the name(s) and <u>Address:</u> 670 S. 15th St., Boise, ID 83702
	Yes         f management is vested in one or more maters one initial manager. If management is address(es) of at least one initial member.         Name:         Amy A. Balstad	No (check appropriate box) anager(s), list the name(s) and address(es) of a s vested in the members, list the name(s) and <u>Address:</u> 670 S. 15th St., Boise, ID 83702
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	Yes         f management is vested in one or more magement is vested in one or more magement is address(es) of at least one initial member.         Name:         Amy A. Balstad         Signature of at least one person listed in #5	NO (check appropriate box) anager(s), list the name(s) and address(es) of a s vested in the members, list the name(s) and <u>Address:</u> 670 S. 15th St., Boise, ID 83702 670 S. 15th St., Boise, ID 8470 670 S. 15
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  4 	Yes         f management is vested in one or more magement is vested in one or more magement is address(es) of at least one initial member.         Name:         Amy A. Balstad         Signature of at least one person listed in #5	NO (check appropriate box) anager(s), list the name(s) and address(es) of a s vested in the members, list the name(s) and Address: 670 S. 15th St., Boise, ID 83702 670 S. 15th St., Boise, ID 8370 670 S. 15th
	Yes         f management is vested in one or more magement is vested in one or more magement is address(es) of at least one initial member.         Name:         Amy A. Balstad         Signature of at least one person listed in #5	NO (check appropriate box) anager(s), list the name(s) and address(es) of a svested in the members, list the name(s) and Address: 670 S. 15th St., Boise, ID 83702 670 S. 15th St., Boise, ID 8370 670 S. 15th S
	Yes         f management is vested in one or more magement is vested in one or more magement is address(es) of at least one initial member.         Name:         Amy A. Balstad         Signature of at least one person listed in #5	NO (check appropriate box) anager(s), list the name(s) and address(es) of a s vested in the members, list the name(s) and Address: 670 S. 15th St., Boise, ID 83702 670 S. 15th St., Boise, ID 8370 670 S. 15th
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<sup>\$100</sup> if typed with no attachments \$120 if not typed or if attachments are included