

CERTIFICATE OF ORGANIZATION EFFECTIVE LIMITED LIABILITY COMPANY 08 NOV 17 PM 4: 25

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

CasaBella Salon&Spa LLC 2. The complete street and mailing addresses of the initial designated/principal of 10768 Dragonfly Dr. Nampa,Idaho 83687 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Joy Wise 10768 Dragonfly Dr. Nampa,Idaho 83687 (Street Address)	fice:
(Street Address) (Malling Address, if different than street address) 3. The name and complete street address of the registered agent: Joy Wise 10768 Dragonfly Dr. Nampa,Idaho 83687	fice:
(Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Joy Wise 10768 Dragonfly Dr. Nampa,Idaho 83687	
3. The name and complete street address of the registered agent:	
Joy Wise 10768 Dragonfly Dr. Nampa,Idaho 83687	
· (Nama)	
(Street Address)	
 The name and address of at least one member or manager of the limited liabilit company: 	ty
Name Address	
Joy Wise 10768 Dragonfly Dr. Nampa,Idaho 83687	
i. Mailing address for future correspondence (annual report notices):	
10768 Dragonfly Dr. Nampa,Idaho 83687	
6. Future effective date of filing (optional):	
ignature of organizer(s). (An organizer is a member, or is cting in behalf of a member or members).	
Secretary of State use only	
ignature Joy Wise § U7900	<u></u>
	X
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