

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 NOV 19. PM:4: 15

The name of the I Details Hair Salon as	imited liability company nd Spa LLC	is: STATE OF IDAHO	
3093 N Betula Ave,	•	es of the initial designated office:	
(Street Address)			
(Mailing Address, if different	ent than street address)		
3. The name and cor	nplete street address o	f the registered agent:	
Julie Housley	3093	3 N Beula Ave, Meridian, ID 83646	
(Name)	(Stre	(Street Address)	
company:	iress of at least one me	ember or manager of the limited liability Address	
Julie Housley		3093 N Betula Ave, Meridian, ID 83646	
5. Mailing address for	r future correspondence	e (annual report notices):	
3093 N Betula Ave, I	•		
6. Future effective da	te of filing (optional): _		
Signature of a mana person.	ger, member or auth	orized	
Signature Juli U	nixter-	Secretary of State use only	
Typed Name: Julie Hou	isley (\		
Signature_		IDAHO SECRETARY OF STATE 11/19/2013 05:00 CK: 1616656 CT: 172099 BH: 1398674	

1 9 100.00 = 100.00 ORGAN LLC # 4

Typed Name: