



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

10 JAN -7 AM 8:54

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Signature Salon, LLC

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

780 N. Cecil, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Natalia Wilburn

(Name)

780 N. Cecil #105, Post Falls, ID 83854

(Street Address)

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

Name

Address

Natalia Wilburn

780 N. Cecil #105, Post Falls, ID 83854

Auston Hewitt

780 N. Cecil #105, Post Falls, ID 83854

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

780 N. Cecil #105, Post Falls, ID 83854

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Natalia Wilburn

Signature

Typed Name: Auston Hewitt

Secretary of State use only

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Revised 07/2008

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