



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2003 NOV 21 AM 9:10
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

LeBelle Epoque Facial Therapies by Angela L.L.C.

2. The street address of the initial registered office is:

106 N 6th Suite 219 Boise, ID 893702

and the name of the initial registered agent at the above address is:

Angie Kirkpatrick

3. The mailing address for future correspondence is:

106 N. 6th Suite 219 Boise, ID 83702

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Angie Kirkpatrick</u>	<u>2506 N. 29th Boise, ID 83702</u>
<u>Judi Schroeder</u>	<u>511 E. Spring Cove Rd. Bliss, ID 83314</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: _____

Typed Name: Angie Kirkpatrick

Capacity: Member

Signature: Judi Schroeder

Typed Name: Judi Schroeder

Capacity: Member

Secretary of State use only

IDAHO SECRETARY OF STATE
12/09/2003 05:00
CK: 1017 CT: 174060 DH: 715678
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Revised 07/2002

FILED EFFECTIVE