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CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 SEP 17 PM 1:37

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Hair Plus LLC

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

1770 W 81st S, Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Robert Raymond

(Name)

1770 W 81st S, Idaho Falls, ID 83402

(Street Address)

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

NameAddressRobert Raymond1770 W 81st S, Idaho Falls, ID 83402

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

1770 W 81st S, Idaho Falls, ID 83402

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Robert Raymond

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/17/2014 05:00

CK:2225268 CT:172099 BH:1441676

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

9/21/2012

cert_org_3c Rev. 07/2010

W142240