

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

09 NOV 10 PM 4: 16

(Instructions on back of application)

GECRETARY OF STATE

The name of the limited liability compa	any is:	STATE OF TUARO
	ny's Salon L.L.C.	
The complete street and mailing addre	esses of the initial des	ignated/principal office:
	o Way, Nampa, ID 83686	o and anjarano pain o moo.
(Street Address)		
(Mailing Address, if different than street address)		
The name and complete street addres	s of the registered age	ent:
Lynn Moore	1349 Flamingo Wa	ay, Nampa, ID 83686
(Name)	(Street Address)	
The name and address of at least one company: Name Lynn Moore	Ad	of the limited liability dress ly, Nampa, ID 83686
	1	
Brittiny Moore		11
Mailing address for future corresponder		
4434 W Vaquero I	Lane Meridian, Id 8364	12
Future effective date of filing (optional):		
(opinonal).		
ignature of organizer(s). (An organizer is a me ting in behalf of a member or members).	mber, or is	
100.70	<u> </u>	Secretary of State use only
gnature 1000		. 1 000 10
/ped Name: Lynn Moore		m 28512
gnature Buffing Moore	omst.LC formst.ert_org_itc.PMD	IDAHO SECRETARY OF ST 11/10/2009 05 CK: 847 CT: 95936 BH: 1 1 8 188.88 = 188.88 0000
ped Name: Brittiny Moore	.5.≵	100 00 (M/A)