

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR -1 AM 8:02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Gina Landa Hairdesign LLC

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

16085 Plum Rd.

(Street Address)

Caldwell, ID. 83607

(Mailing Address, if different than street address)

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

Gina Landa

(Name)

16085 Plum Rd. Caldwell,
ID. 83607

(Street Address)

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

Name**Address**Gina Landa16085 Plum Rd. Caldwell,
ID. 83607

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

Same as above

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 Gina Landa

Typed Name: _____

Signature _____

Typed Name: _____

Secretary of State use only

g:\scptform\llc form\scpt form llc.pmd
Revised 07/2006

IDAHO SECRETARY OF STATE
04/01/2009 05:00
CK: 934 CT: 234685 BH: 1163924
1 @ 100.00 = 100.00 ORGAN LLC # 2

W82786