



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 OCT 15 AM 9:57

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MISTY'S HAIR & NAILS, LLC

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

44 MAIN ST, NEWDALE, ID 83436

(Street Address)

PO BOX 281, NEWDAL, ID 83436

(Mailing Address, if different than street address)

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

MISTY HANSEN

(Name)

44 MAIN ST, NEWDALE ID 83436

(Street Address)

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

NameAddress

MISTY HANSEN

44 MAIN ST, NEWDALE ID 83436

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

PO BOX 281, NEWDALE, ID 83436

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

Signature of a manager, member or authorized person.

Signature Misty HansenTyped Name: MISTY HANSEN

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/15/2012 05:00
CK: 513 CT: 275271 BH: 1343718
1 P 100.00 = 100.00 ORGAN LLC # 2

W118137