







STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0005249048

Date

Date Filed: 5/23/2023 12:00:39 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Se descriptions below)	ervice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Klover Lashes LLC
2. The complete street address of the principal office is:	
Principal Office Address	969 W WALTMAN DR MERIDIAN, ID 83642
3. The mailing address of the principal office is:	
Mailing Address	TIFFANY GOVER 969 W WALTMAN DR MERIDIAN, ID 83642-6149
Registered Agent Name and Address	
Registered Agent	Registered Agent Tiffany L Gover
	Physical Address: 969 W WALTMAN DR MERIDIAN, ID 83642
	Mailing Address: 969 W WALTMAN DR MERIDIAN, ID 83642-6149
☑ I affirm that the registered agent appointed ha	s consented to serve as registered agent for this entity.
5. Governors	
Name	Address
	969 W WALTMAN DR MERIDIAN, ID 83642
Signature of Organizer:	
Tiffany Gover	05/23/2023

Sign Here