

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

- N_	(Illist decirons on back of application) 2013 JUL 17 AM 9: 06
.1.	The name of the limited liability company is:
	Voso Salon LLC STATE OF IDAMO
2.	The complete street and mailing addresses of the initial designated office.
	374 North Holmes Avenue Idaho Falls, ID. 83401 (Street Address)
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent
	Jason Wood  (Name)  (Street Address)  Jason Wood  (Street Address)  Jacob  Savot
4.	The name and address of at least one member or manager of the limited liability company:
	Name Address
	Matthew Elliott 374 North Holmes Idaho Falls,
	ID. 83401
5.	Mailing address for future correspondence (annual report notices):
Ų.	374 North Holmes Idaho Falls. ID. 83401
	27-1001111 1:011:00
6.	Future effective date of filing (optional):
_	nature of a manager, member or authorized
•	Secretary of State use only
	nature / apply the control of the co
тур	ed Name:
Sia	nature
_	IDAHO SECRETARY OF STATE  ed Name: 97/17/2013 05:00

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07/17/2013 05:00 CK: 1759 CT: 285397 BH: 1382399 1 8 100.00 = 100.00 ORGAN LLC # 2