





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

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

-FILED-

File #: 0005558360

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same descriptions below)	Day Service (see	Expedited (+\$40; filing fee \$140	))
1. Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		LC Valley Lashes, LLC	
2. The complete street address of the principal office is	;		
Principal Office Address		KAITLYNN POE	
		128 MAIN STREET 3	
		LEWISTON, ID 83501	
The mailing address of the principal office is:			
Mailing Address		KAITLYNN POE	
		128 MAIN ST # 3	
		LEWISTON, ID 83501-2129	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent	
		Jenny L Russell	
		Physical Address: 33620 WINCHESTER GRADE	
		CULDESAC, ID 83524	
		Mailing Address:	
		33620 WINCHESTER GRADE	
		CULDESAC, ID 83524-6011	
I affirm that the registered agent appo	inted has consented	I to serve as registered agent for t	this entity.
5. Governors			
Name		Address	
Kaitlynn M Poe	1 Poe 848 MORGAN ROAD ASOTIN, WA 99402		
Signature of Organizer:			
Signature of Organizer:  Kaitlynn Mae Poe		(	01/10/2024