FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application)	
1. The name of the limited liability control of the limited liabil	ANCE BEAUTY SALON, LLC
2. The complete street and mailing addresses of the initial designated/principal office: 1724 CABELLARO AMMON, ID 83406 (Street Address)	
· · · · · · · · · · · · · · · · · · ·	
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
ASHLEY BROKAW	1724 CABELLARO AMMON, ID 83406
(Name)	(Street Address)
 The name and address of at least one member or manager of the limited liability company: <u>Name</u> <u>Address</u> 	
ASHLEY BROKAW	1724 CABELLARO AMMON, ID 83406
5. Mailing address for future correspondence 3456 E 17TH #140 AMMON, ID 83406	ondence (annual report notices):
6. Future effective date of filing (optional):	
person. SignatureAUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU	Secretary of State use only
Signature	IDAHO SECRETARY OF STATE
Typed Name:	

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