

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY OCT 20 AM 11: 21

(Instructions on back of application) SECRETARY OF STATE OF IDAHO

		CHAIR OF TOTAL	
1.	The name of the limited liability comp	pany is:	
	Extreme let Ovo	oming Salon C.C.	
2.	The complete street and mailing addr	resses of the initial designated/principal office:	
	1513 S. five Mile (Street Address)	resses of the initial designated/principal office:	
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	SolCal	1513 C F. Wal R- +0	
	(Name)	1513 S. Five Mile Bose, Id. (Street Address) 8379	
4	The name and address of at least one member or manager of the limited liability		
••	company:	o member or manager or me minister needs.	
	/ Name	Address A TAGGE	
	>ean (arroll	15/5 >. Five Wile Doise 7 4. 85 89	
	Sandy Carroll	1513 S. Five Wike Soize Td. 83769	
	J		
5.	Mailing address for future correspondence (annual report notices):		
	1513 S. Fire Myle	Dose, Idoho \$3709.	
^			
6. Future effective date of filing (optional):			
Signature of a manager, member or authorized			
_	son.		
٠.	. 0 . 0	Secretary of State use only	
	nature Sandy Carol		
Typ	Typed Name: Sandy Carroll		

IDAHO SECRETARY OF STATE

10/20/2011 05:00

CK: 1005 CT: 263469 BH: 1294987
1 0 100.00 = 100.00 ORGAN LLC # 2

Signature Seen Carroll.