

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1.	The name of the limited liability co	ompany is:
	Mystiq	ue Full Service Salon, LLC
2.	The complete street and mailing addresses of the initial designated office:	
	16 N. Main Street Payette, Idaho 83661	
	(Street Address) P.O. Box 115 Payette, Idaho 83661	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Lannie Debban	16 N. Main Street Payette, Idaho 83661
	(Name)	(Street Address)
4.	The name and address of at least company:	one member or manager of the limited liability
	Lannie Debban	P.O. Box 115 Payette, Idaho 83661
5.	Mailing address for future correspondent	ondence (annual report notices):
	P.O. Box 115 Payette, Idaho 83661	
6.	Future effective date of filing (option	onal):
_	nature of a manager, member of	or authorized
hei	son.	Secretary of State use only
Sig	nature (//)	
Тур	ped Name: Elisa G. Massoth, Attorney	
Signature		IDAHO SECRETARY OF STATE 84/86/2812 85:88
Typed Name:		CK: 2161 CT: 258498 BH: 1318714 1 @ 100.08 = 100.00 GRGAN LLC # 2

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