FILED	EFFE	СТІ	VE
-------	------	-----	----

	F ORGANIZATION
(Instructions on b	back of application)
1. The name of the limited liability	company is:
	Style Recycle LLC
2. The complete street and mailing 22727 N Can Ada Rd. Star, ID 83669 (Street Address)	g addresses of the initial designated office: 9
(Mailing Address, if different than street addre	995)
3. The name and complete street a	address of the registered agent:
Staabaaria I. Staakaa	22727 N.C Ado Dd Stor (D 92660
Stephanie L. Storkan (Name)	22727 N Can Ada Rd Star, ID 83669 (Street Address)
company: <u>Name</u> Stephanie L. Storkan	<u>Address</u> 22727 N Can Ada Rd. Star, ID 83669
5. Mailing address for future correct 22727 N Can Ada Rd. Star, ID 8366	• • • • •
6. Future effective date of filing (op	ptional):
Signature of a manager, member person. Signature <u>Performance</u> Typed Name: <u>Stephanie L. Storkan</u>	Secretary of State use only
Signature Typed Name:	
	cert_org_lic Rev. 07/2010 W [13912