

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG 31 AM 8:43

SECRETARY OF STATE
STATE OF IDAHO1. The name of the limited liability company is:

Bella Hair Designer LLC

2. The complete street and mailing addresses of the initial designated/principal office:

2289 E 17th Street Idaho Falls, Id. 83404

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Collette Nichols

(Name)

2289 E 17th Street Idaho Falls Id. 83404

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
Collette Nichols	1110 Nixon Ave Idaho Falls Id. 83404
Mike Nichols	1110 Nixon Ave Idaho Falls Id.83404

5. Mailing address for future correspondence (annual report notices):

1110 Nixon Ave Idaho Falls Id. 83404

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Collette Nichols
Typed Name: Collette Nichols

Secretary of State use only

Signature Mike Nichols
Typed Name: Mike Nichols

W106343