



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 AUG -4 PM 1:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cabana Esthetics, LLC

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

10596 W. Greenleaf Street, Boise, ID 83704

(Street Address)

Same

(Mailing Address, if different than street address)

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

Tina Rowhanian

(Name)

10596 W. Greenleaf Street, Boise, ID 83704

(Street Address)

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

Name

Address

Tina Rowhanian

10596 W. Greenleaf Street, Boise, ID 83704

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

Same

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

Signature of a manager, member or authorized person.

Signature Tina Rowhanian

Typed Name: Tina Rowhanian

Signature _____

Typed Name: _____

Secretary of State use only

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08/04/2011 05:00
CK: 1129 CT: 261261 BH: 1205253
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