

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

CERTIFICATE OF O	
(Instructions on back	of application)
·	SECRET AN 9: VE
1. The name of the limited liability com	pany is: STATE OF OF OF
Kendevivous SALON L	C
2. The complete street and mailing add	resses of the initial designated office:
(Street Address)	<u> </u>
(Mailing Address, if different than street address)	
3. The name and complete street addre	ess of the registered agent:
HOLLY BIZOWN (Name)	BOI BOISE AVE BOISE, ID 83706 (Street Address)
	e member or manager of the limited liability
company: <u>Nama</u>	Address
HOLLY BROWN	6998 Inving lane Boise ID 83704
	•
E Mailing address for Colons and a colonial and a c	
5. Mailing address for future correspond	,
801 Boise Ave Boise, ID	33706
6. Future effective date of filing (options	al):
Signature of a manager, member or a person.	authorized
	Secretary of State use only
Signature / Skelly Brown	
Typed Name: Howy Brown	
Signature	1DAHO SECRETARY OF STATE 98/19/2012 95:90
Typed Name:	AN 477 NT 977188 DU 1275177