



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAR 19 PM 2:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

LOOSE ENDS HAIR DESIGN, LLC

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

148 N. 2ND STREET, EAGLE, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

CHRISTINA M. ROSSE

(Name)

623 GREY PEBBLE PLACE, EAGLE, ID 83616

(Street Address)

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

Name

Address

CHRISTINA M. ROSSE

623 GREY PEBBLE PLACE, EAGLE, ID 83616

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

148 N. 2ND STREET, EAGLE, IDAHO 83616

6. Future effective date of filing (optional):

N/A

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature *Christina M. Rosse*
Typed Name: CHRISTINA M. ROSSE

Signature _____
Typed Name: _____

Secretary of State use only

g:\corp\forms\llc\form\cert_org_llc.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
03/19/2009 05:00
CK: 1204 CT: 235293 BH: 1162128
1 @ 100.00 = 100.00 ORGAN LLC # 2

W82449