

Printed Name: Karen Petersen

Signature: Rev. 08/2015

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2016 MAR 18 AM 9: 21

Complete and submit the application in duplicate.

	Complete and Sub-	me are approached in gapmace	SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liab	STATE OF IDANO	
	Avon Beauty Center II, LLC		
	(Remomber to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)		
2.	The complete street and mailing addresses of the principal office is: 2155 E. 17th Street, Idaho Falls, ID 83401		
	(Street Address) P.O. Box 63, Shelley, ID 83	274	
	(Mailing Address, if different)		
3.	The name and complete street address of the registered agent:		
	David Petersen	2155 E. 17th Street, Idaho Falls, ID 83401	
	(Name)	(Address)	
4.	The name and address of at least one governor of the limited liability company:		
	David Petersen	P.O. Box 63, Shelley,ID 83274	
	(Name)	(Address)	
	Marrie Dataman D. O. Bay 62 Challey, ID 92974		
	Karen Petersen	P.O. Box 63, Shelley, ID 83274  (Address)	
	(Hand)	(wontegs)	
	(Name)	(Address)	
	(Name)	nie) (Address)	
5.	Mailing address for future correspondence (annual report notices):		
	P.O. Box 63, Shelley, ID 83274		
	(Address)		
Sig	nature of organizer(s).		
Printed Name: David Petersen			Secretary of State use only IDAHO SECRETARY OF STATE
F111	ned Name.	1	03/18/2016 05:00
Sig	nature: David A Stu	un	CK:265 CT:292254 BH:1519428 10 100.00 = 100.00 ORGAN LLC #2
Printed Name: Karen Petersen			W1U4005