

Typed Name:

**BRADY D CARTER** 

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2009 JAN 20 AM 9: 25

W80725

1.	The name of the limited liability company is:			SECRETARY OF STATE		
	CAI	NDEES HAIR DE	SIGN LLC	STATE OF		-
2.	The complete street address, and principal office:	i mailing addre	ess if different,		ACA IS IC	V
	467 E	MAYSI LN INKC	OM ID 83245	· · · · · · · · · · · · · · · · · · ·	.*	
3.	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:					
		CANDEE K CAI	RTER / 467 E M	laysi Ln Inkom	ID 832	45
			·	1 7		
4.	The name and address of at least one member or manager of the limited liability company:					
	Name		Addr	<u>ess</u>		7.
	CANDEE K CARTER		467 MAYSI LN IN	KOM ID 83245	•	
	BRADY D CARTER		467 MAYSI LN INKOM ID 83245			
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5.	Mailing address for future corresp	ondence (ann	ual report notic	es):	* 1	**.**
٠.		MAYSI LN INKOM	• .			
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6.	Future effective date of filing (opt	ional):				
					100	t price
Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member					1	
	racting in behair of a required, and existing tembers).	ng, iniliai membel	Se	cretary of State use or	ily	
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Sig	nature					
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