

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 FEB 28 PH 12:30

	(Instructions on back of application	
1.	The name of the limited liability company is:	SECRE ARY OF STAT STATE OF IDAHO
••	Hair's TO Vou LLC	On We. Of June 10
2.	2. The complete street and mailing addresses of the initial designated/principal office:	
	7632 W. Pine St. (Street Address) Portharum, Idaho 83858 (Mailing Address, if different than street address)	
3.	. The name and complete street address of the registered agent:	
	Julia A Barnes 7632 (Street Address	W. Pine St. Pathdrum # 83858
4.	4. The name and address of at least one member or manager of the limited liability company:	
	Name	Address
	Julia L. Karnes 7632	W. Pine St. Pathdrum, I
5. Mailing address for future correspondence (annual report notices):		
7632 W. Pine St. Rathdrum, 75 83858		
6. Future effective date of filing (optional):		
Signature of a manager, member or authorized		
Secretary of State use only		
Signature Julia & Pay No.		
Typed Name? Julia A. Barns		
Sia	nature	IDANO SECRETARY OF STATE
_	ed Name:	02/28/2011 05:00 CK: 1844 CT: 256816 BH: 1261964 1 8 188.88 = 188.88 ORGAN LLC # 2
		+ = 100:00 - 100:00 UROMN LLL # C

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