

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 2013 JUN -7 AM 9: 21

	(instructions on back of application)  SECRETARY OF ST	ME
1. The nar	ne of the limited liability company is:	Û
_Fin	ishing Touch by Design LLC	
2. The con	plete street and mailing addresses of the initial designated office:	
162	1 S River BROVE Way	
(Street Ad (Mailing A	dress) Tdaho 836/6  address, if different than street address)	
3. The nan	ne and complete street address of the registered agent:	
Bren	da K Bloomquist 1021 S Piver Brove Was (Street Address) Eagle FD 830	<u>//</u>
(Name)	(Street Address) Eagle FD 830	16
compan	ne and address of at least one member or manager of the limited liabily:	•
<b>P</b>	Name In C Paige 1621 S. River Brove Way E.  1021 S. River Brove Way E.  1021 S. River Brove Way Eagle ID	- 1 -
Dela	nc raige 16 2 5. River Browning	agle ID
BREI	100 K Bloomquist 1621 S. KIVER, EROYE (169)	3016
	Eagle 10	85016
<del></del>		
		<del></del>
		<del></del>
5. Mailing a	address for future correspondence (annual report notices):	
11021	S. River Brove Way, Eagle ID 8361	16
175 (2)	Tricina Create way, charle 40 8 341	<u> </u>
6. Future e	ffective date of filing (optional): $6 - 7 - 13$	
Signature of person.	f a manager, member or authorized	
person.	Secretary of State use onl	ly
Signature	Andak Tarngus	
Typed Name	: Brenda K. Blookhquist	
Signature_	IDANO SECRETARY	
Typed Name	CX: 4239 CT: 264637	95:06 94: 1377965 ORSAN LLC # 2
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