



**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

FILED EFFECTIVE

2007 JUL -6 AM 10:45

SECRETARY OF STATE
STATE OF IDAHO

- 1. The name of the limited liability company is:**

Avalon CosMedic Solutions LLC

- 2. The street address of the initial registered office is:**

14295 Tara St. Caldwell, ID. 83607

and the name of the initial registered agent at the above address is:

Avalon L. Kuklish

- 3. The mailing address for future correspondence is:**

14295 Tara St. Caldwell, ID.

- 4. Management of the limited liability company will be vested in:**

Manager(s) ☒ **or Member(s)** ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name _____

Address

Avalon L. Kuklish

14295 Tara St. Caldwell, ID. 83607

Paul M. Kuklish

14295 Tara St. Caldwell, ID. 83607

6. Signature of at least one person responsible for forming the limited liability company:

Signature:

Typed Name: Avalon L. Kuklish

Capacity: Co-Chairman

Signature

Typed Name: Paul M. Kuklish

Capacity: Co-Chairman

Secretary of State use only

ScorpionNet LLC format for organization, p85
 Released 07/2002

Web Form

IDAHO SECRETARY OF STATE
07/06/2007 05:00
CK: 7355 CT: 97768 BH: 1064369
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