



0005784233

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***CERTIFICATE OF ORGANIZATION LIMITED
LIABILITY COMPANY**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0005784233

Date Filed: 6/18/2024 6:02:20 PM

<p>Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)</p> <p>1. Limited Liability Company Name Type of Limited Liability Company Entity name</p> <p>2. The complete street address of the principal office is: Principal Office Address</p> <p>3. The mailing address of the principal office is: Mailing Address</p> <p>4. Registered Agent Name and Address Registered Agent</p>		<p>Expedited (+\$40; filing fee \$140)</p> <p>Limited Liability Company J N Lash Artistry L.L.C</p> <p>J N LASH ARTISTRY 502 CEDAR STREET SANDPOINT, ID 83864</p> <p>322 RELOAD RD SANDPOINT, ID 83864-6585</p> <p>Nicole J Nedved Registered Agent Physical Address 502 CEDAR STREET SANDPOINT, ID 83864 Mailing Address 322 RELOAD RD SANDPOINT, ID 83864</p>				
<p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p> <p>5. Governors</p> <table border="1"> <tr> <td>Name</td> <td>Address</td> </tr> <tr> <td>Nicole J Nedved</td> <td>322 RELOAD RD SANDPOINT, ID 83864</td> </tr> </table> <p>Signature of Organizer:</p> <p><i>Nicole Jamie Nedved</i></p> <p>Sign Here</p> <p>06/18/2024</p> <p>Date</p>			Name	Address	Nicole J Nedved	322 RELOAD RD SANDPOINT, ID 83864
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