

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 7017 JUN 25 - AM 9: 41

	(Instructions on back o	f application) SECEL TRY OF STATE
1.	The name of the limited liability comp	
	A	ng's Hair, LLC
2.	The complete street and mailing address (Street Address) Meridian, ID 83642	esses of the initial designated office:
3.	(Mailing Address, if different than street address) The name and complete street address of the registered agent:	
	Angela L. Staley	431 S. Malachite Ave. Meridian, ID 83642
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address
	Angela L. Staley	431 S. Malachite Ave. Meridian, ID 83642
5.	Mailing address for future correspond 431 S. Malachite Ave. Meridian, ID 83642	ence (annual report notices):
6.	Future effective date of filing (optional	1):
_	gnature of a manager, member or a	uthorized
Sig	gnature Angela L Staley	Secretary of State use only
Sig	nature	IDANO SECRETARY OF STATE
Тур	ped Name:	06/25/2 91 2 9 5 9 CK: 2862 CT: 271756 BH: 1329

CK: 2062 CT: 271756 BH: 1329644 1 0 100.00 = 100.00 ORGAN LLC # 2