



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 OCT 10 AM 8:52

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Violet Avenue Salon & Spa LLC

2. The complete street and mailing addresses of the initial designated office:

953 Blue Lakes Blvd N. Twin Falls, ID 83301  
(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Ashlee King  
(Name)

231 Red Rock Trail Kimberly ID 83341  
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

<u>Name</u>	<u>Address</u>
<u>Ashlee King</u>	<u>231 Red Rock trail Kimberly ID 83341</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Mailing address for future correspondence (annual report notices):

231 Red Rock Trail Kimberly, ID, 83341

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Ashlee King

Typed Name: Ashlee King

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

SECRETARY OF STATE

10/10/2014 05:00

CK:17058330803 CT:302036 BH:1444745

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