



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2012 AUG -9 PM 2: 28

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Compliments Hair Studio & Spa, LLC

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

63 W Oakhampton Drive, Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Stacy G Perryman

(Name)

63 W Oakhampton Drive, Eagle, ID 83616

(Street Address)

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

**Name**

**Address**

Stacy G Perryman

63 W Oakhampton Drive, Eagle, ID 83616

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

63 W Oakhampton Drive, Eagle, ID 83616

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Stacy G Perryman

Signature

Typed Name:

Secretary of State use only

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08/09/2012 05:00  
CK: 1033334 CT: 172099 BH: 1335362  
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