

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 APR -6 PM 2: 09

1.	The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO	
	Remington's Precision Personal Care LLC			
2.	The complete street and mailing addresses of the initial designated/principal office: 930 Owyhee Apt 4 Kuna, Idaho 83634			
	(Street Address)	The Trana, Idano 0000		
	(Mailing Address, if different than street address)	<u> </u>		
3.	The name and complete street address of the registered agent:			
	Remington Shane Capps	930 Owyhee A	ot 4 Kuna, Idaho 83634	
	(Name)	Street Address)		
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4.	The name and address of at least one company:	member or manage	er of the limited liability	
	<u>Name</u>	Address		
	Remington Shane Capps	930 Owyhee Apt 4 Kuna, Idaho 83634		
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5.	Mailing address for future correspondence (annual report notices):			
•	930 Owyhee Apt 4 Kuna, Idaho 83634			
				
6.	Future effective date of filing (optional):			
- "				
Sigr	nature of organizer(s). (An organizer is a mei	mber. or is		
actip	g in behalf of a member opposite members).			
Sign	nature (Trippe ON SORT)	C.PMD	Secretary of State use only	·
-	ed Name. Ramington Shane Capps			
		NorpWarms/LLC forms/cert_org_fc.PMD Revised 07/2008	CK: CASH CT: 246799 RH:	TATE 5 : 00 1216588
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