

251

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 JAN 24 PM 1:50

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Perfectly Pampered Hair + Nail Boutique LLC

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

585 Washington St. N. Twin Falls ID 83335
(Street Address)P.O. Box 224 Hazelton, ID 83335
(Mailing Address, if different than street address)

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

Toni A Vargas
(Name)436 2nd Street Hazelton, ID
(Street Address) 83335

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

Name	Address
<u>Toni A Vargas</u>	<u>P.O. Box 224 Hazelton, ID 83335</u>
_____	_____
_____	_____
_____	_____

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

P.O. Box 224 Hazelton, ID 83335

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Toni A Vargas
Typed Name: _____Signature _____
Typed Name: _____

Secretary of State use only

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