



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JAN -2 AM 9:10

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

PURE SALON AND SPA LLC

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

733 N MAIN SUITE A BELLEVUE ID 83313

(Street Address)

PO BOX 812 BELLEVUE ID 83313

(Mailing Address, if different than street address)

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

ANGELA M FONES

(Name)

217 CEDAR BELLEVUE ID 83313

(Street Address)

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

Name

Address

ANGELA M FONES

PO BOX 812 BELLEVUE ID 83313

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

PO BOX 812 BELLEVUE ID 83313

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

Signature of a manager, member or authorized person.

Signature

Angela Fones

Typed Name: ANGELA M FONES

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

01/02/2015 05:00

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