



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 SEP -3 PM 1:17

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Aesthreadics LLC

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

10289 W Breckfield St Boise, ID 83709

(Street Address)

(Mailing Address, if different than street address)

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

Darren Conroy

(Name)

10289 W Breckfield St Boise, ID 83709

(Street Address)

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

Name

Address

Darren Conroy

10289 W Breckfield St Boise, ID 83709

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

10289 W Breckfield St Boise, ID 83709

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Darren Conroy

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/03/2014 05:00

CK:2190148 CT:172099 BH:1439826

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