

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

10 SEP 16 PH 4:01

CURLIANT OF STATE

WE FO		(Instructions on ba	ck of application)	STATE OF IDAHO	
1.	The name of	the limited liability of	ompany is:		
	TRADITION BARBER SHOP, LLC				
2.	The complete street and mailing addresses of the initial designated/principal office: 3115 State Street, Boise, Idaho 83703				
	(Street Address)	<u> </u>			
	(Mailing Address, if different than street address)				
3.	The name and complete street address of the registered agent:				
	Trevor Hill		3115 State Street, Bois	3115 State Street, Boise, Idaho 83703	
	(Name)		(Street Address)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:				
	<u>Name</u>			<u>Address</u>	
	Trevor Hill		3115 State Street, Boise, Idaho 83703		
5 I	Mailing addre	ess for future corresp	ondence (annual report	: notices):	
0. 1	Mailing address for future correspondence (annual report notices): 3115 State Street, Boise, Idaho 83703				
6. 1	Future effect	ive date of filing (opt	onal):		
Sign		manager, member	or authorized		
•		The state of the s		Secretary of State use only	
	ature	evor Hill			
туре	ed Name: V	OVO FINI			
Signature				IDAHO SECRETARY OF STATE 09/16/2010 05:00	
Туре	ed Name:			CK: 62746 CT: 67242 BH: 1239268 1 8 100.00 = 100.00 ORGAN LLC # 2	

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