







PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005212846

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Certificate of Organization Limited Liability Company	nice (coe Standard (filing foe \$100)
Select one: Standard, Expedited or Same Day Ser descriptions below)	rvice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Expressions, LLC.
2. The complete street address of the principal office is:	
Principal Office Address	3655 MAIBEN AVE UNIT 14
	14 AMMON ID 83406
	AMMON, ID 83406
3. The mailing address of the principal office is:	AASS MAIDEN AT
Mailing Address	3655 MAIBEN ST APT 14
	AMMON, ID 83406-7950
Registered Agent Name and Address	
Registered Agent	Registered Agent
Negistered Agent	Alexandra Rodriguez
	Physical Address:
	3655 MAIBEN AVE UNIT 14
	AMMON, ID 83406 Mailing Address:
	3655 MAIBEN ST
	APT 14
	AMMON, ID 83406-7950
I affirm that the registered agent appointed has	s consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Alexandra Rodriguez	3655 MAIBEN AVE UNIT 14 AMMON, ID 83406
Signature of Organizer:	
Alexandra Rodriguez	04/27/2023
Sign Here	Date