

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 DEC -5 AM 9: 10

SECRETARY OF CTATE

	A Principal Control of the Control o	
1. The name of the limited liability company is:	STATE OF IDAHO	
Stylz Salon & Spa, LLC		
 The complete street and mailing addresses o 47 W. Hayden Ave., Hayden, ID 83835 (Street Address) 	f the initial designated office:	
(Mailing Address, if different than street address)		
The name and complete street address of the	registered agent	
Patricia Cheesman 5185 (Name) (Street Add	E ROUAL Drive. Post Falls In	
 The name and address of at least one member company: 	er or manager of the limited liability	
Name Stephanie Swanson 1884 W. V	Address Windsor Ave., Coeur d'Alene, ID 83815	
	30010	
5. Mailing address for future correspondence (an 47 W. Hayden Ave., Hayden, ID 83835	nual report notices):	
. Future effective date of filing (optional):		
ignature of a manager, member or authorize	d	
gnaturek	Secretary of State use only	
ped Name: Stephanie Swanson		
	IDAHO SECRETARY OF STATE	
gnature	12/05/2012 05:0 CK: 7042709 CT: 276885 BH: 135 1 0 100.00 = 100.00 ORGAN LLC	
/ped Name:	1 # 188.00 = 109.00 ORGAN LLC	

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