



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 MAR 27 PM 12:43

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

PERFECTION, LLC

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

2408 Broadway Ave. Boise, ID 83706

(Street Address)

(Mailing Address, if different than street address)

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

Krista Claffey

(Name)

2408 Broadway Ave. Boise, ID 83706

(Street Address)

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

**Name**

**Address**

Krista Claffey

2408 Broadway Ave Boise, ID 83706

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

2408 Broadway Ave. Boise ID 83706

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Krista Claffey

Typed Name: KRISTA CLAFFEY

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/27/2014 05:00  
CK: 102742 CT: 292371 BH: 1417362  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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