



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**2015 MAR 31 AM 8:55**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

Bohemian Rogue Salon LLC

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

5680 W Farm Market Boise ID 83714

(Street Address)

(Mailing Address, if different than street address)

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

Tasha Grigg

(Name)

5680 W Farm Market Boise ID 83714

(Street Address)

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

**Name**

**Address**

Tasha Grigg

5680 W Farm Market Boise ID 83714

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

5680 W Farm Market Boise ID 83714

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Tasha Grigg

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

03/31/2015 05:00

CK:CASH CT:308367 BH:1468694

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