

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 OCT -9 AM 8: 48

WE T	(Instructions on ba	ck of application)	SEGRETARY OF STATE
1.	The name of the limited liability c	ompany is:	STATE OF IDAHO
	VIRGINN	PURE MINERAL MAKEUP, LLC	
2.	The complete street and mailing a	_	ted/principal office:
	(Street Address)	287 LONGBOW DRIVE	
	1	TWIN FALLS, ID 83301	
•	(Mailing Address, if different than street address		
3.	The name and complete street address of the registered agent:		
	TONJA L. VALDEZ	3287 LONGBOW DRIVE, TV	NIN FALLS, ID 83301
	(Name)	(Street Address)	
4.	The name and address of at least company:	one member or manager of th	ne limited liability
	Name	Address	
	TONJA L. VALDEZ	3287 LONGBOW DRIVE, TV	WIN FALLS, ID 83301
5.	Mailing address for future corresp 3287 LONGB	ondence (annual report notices OW DRIVE, TWIN FALLS, ID 83301	•
6.	Future effective date of filing (option	onal):	
_	nature of organizer(s). (An organizer in the second		
_	nature / w Town		etary of State use only
Тур	ed Name: TONJA L. VALDE	Caresteed 07/2008	
Sigi	nature		IDAHO SECRETARY OF STATE 10/09/2009 05:00
Тур	ed Name:	each Ci	K: 1150 CT: 241262 BH: 1198552 E 100.00 = 100.00 ORGAN LLC N