

## ERTIFICATE OF ORGANIZATION FILED EFFECTIVE CERTIFICATE OF ORGANIZATION

T.	(Instructions on back of application) SECRETARY OF STATE
1.	The name of the limited liability company is:  STATE OF IDAHO
	Just for You Bustique LLC
2.	The complete street and mailing addresses of the initial designated/principal office:
	203 Tiling ALE SUIVE E COUNCY, I'd 83612
	Street Address) ISO Minul to 834012
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	(Street Address) 203 Illinois Ave Ste F Council ID (Street Address) 83612
	(Name) (Street Address) 83612
4.	The name and address of at least one member or manager of the limited liability company:
	Mame Address
	Michematheus to Box 1050
	Cancil Ita 83612
5.	Mailing address for future correspondence (annual report notices):
•	to Box lose Council Ita 83612
6.	Future effective date of filing (optional):
V.	t diale checove date of ming (opacital).
Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).	
avui	Secretary of State use only
Sigi	nature WODIY WWW
_	ed Name: Mcole Matheups \$
••	BOO BOO
Sigi	nature NOON WHULL  ed Name: Nicole Mathews  nature
Typ	ed Name: IDAHO SECRETARY OF STATE