



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2004 OCT -1 AM 9:20
STATE OF IDAHO

1. The name of the limited liability company is:

Angelic Expressions Salon LLC

2. The street address of the initial registered office is:

1237 filer ave east Twin falls, ID 83301

and the name of the initial registered agent at the above address is:

Paulette Reese

3. The mailing address for future correspondence is:

1237 filer ave east Twin falls, ID 83301

4. Management of the limited liability company will be vested in:

Manager(s) ☒ **or** Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Cheryl Rice</u>	<u>513 Washington street Kimberly, ID 83341</u>
<u>Paulette Reese</u>	<u>315 Boyd street Murtaugh, ID 83344</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Cheryl Rice

Typed Name: Cheryl Rice

Capacity: Manager

Signature: Paulette Reese

Typed Name: Paulette Reese

Capacity: Manager

Secretary of State use only

q:\corpforms\LLC form\articlesoforganization.pdf
Revised 07/2002

IDAHO SECRETARY OF STATE
10/01/2004 05:00
CK: 3622 CT: 182607 BH: 769022
1 @ 100.00 = 100.00 ORGAN LLC # 2

W33630