



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2017 APR -3 AM 10:11

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

REIGN LASH & ESTHETICS LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

575 NORTH FORK ROAD

(Street Address)

TWIN FALLS ID 83301

(Mailing Address, if different)

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

AMANDA DASTRUP

575 NORTH FORK ROAD TWIN FALLS ID 83301

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

AMANDA DASTRUP

575 NORTH FORK ROAD TWIN FALLS ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

575 NORTH FORK ROAD TWIN FALLS ID 83301

(Address)

Signature of organizer(s).

Signature:

Printed Name: AMANDA DASTRUP

Signature:

Printed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/03/2017 05:00

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1@ 100.00 = 100.00 ORGAN LLC #2

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