

Typed Name: _____

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions	s on back of application)	10 OCT 12 PM 2: 05
1. The name of the limited lia	••	SECRETERY OF STATE STATE OF IDAHO
	Primal Works Tattoo LLC	• • • • • • • • • • • • • • • • • • • •
2. The complete street and m 380 S. 3rd E., Mountain Home, (Street Address)	ailing addresses of the initial de , Idaho 83647	esignated/principal office:
(Mailing Address, if different than stree	at addrage)	
· •	,	ant:
 The name and complete st 	reet address of the registered a	igeni.
Matthew T. Pehrson	380 S. 3rd E., Mountain I	Home, Idaho 83647
(Name)	(Street Address)	
Matthew T. Pehrson	380 S. 3rd E., Mountain	Address Home, Idaho 83647
5. Mailing address for future of c/o: 380 S. 3rd E., Mountain Ho	correspondence (annual report r	notices):
Future effective date of filin	ig (optional):	
signature of a mánager, me	mher or authorized	
person.		
Signature /		Secretary of State use only
Typed Name: Arla Figueroa, Leg	galzoom.com, Inc.	
J		TRANS STREETANV BE STATE
Signature		IDAHO SECRETARY OF STATE

10/12/2010 05:00 CK: 488513 CT: 167623 BH: 1242682 1 0 100.00 = 190.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3