

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

07 NOV -8 AM 8: 36 SECRETARY OF STATE STATE OF IDAGE

EFFECTIVE

	SECRETARY OF CTI-
1. The name of the limited liability or	ompany is: STATE OF IDAHO
DREAMZ DAY SPA AND SALON	N, LLC
2. The street address of the initial reg	gistered office is:
123 EAST 23RD DRIVE BURLE	
and the name of the initial register	ed agent at the above address is:
KAE SCHAFFER	
3. The mailing address for future corr	respondence is:
123 EAST 23RD DRIVE BURLE	Y, IDAHO 83318
4. The limited liability company will be	e:
	. [7]
The state of the s	er-managed [ / ] (please check the appropriate box)
<ol><li>If manager-managed, list the name If member-managed, list the name</li></ol>	e(s) and address(es) of at least one initial manager. e(s) and address(es) of at least one initial member.
Name	Address
KAE SCHAFFER	123 EAST 23RD DRIVE
DELFIE BROWER	BURLEY, IDAHO 83318
	123 EAST 23RD DRIVE
	BURLEY, IDAHO 83318
•	
6. Signature of at least one person re	sponsible for forming the limited liability company:
Signature: Kal Schaffy	
Typed Name: KAE SCHAFFER	Secretary of State use only
Capacity: MEMBER	
Notice O	
Signature 24 4 100	IDAHO SECRETARY OF STATE
Typed Name: DELFIE BROWER	11/08/2007 05:00 CK: 1009 CT: 219405 BH: 1084518
Capacity: MEMBER	FE TANDER = JAN SA (MCCH FTC # 5

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