



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAR 25 PM 12:11

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

A PROFESSIONAL PERFECT TOUCH, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

14220 Tara St. Caldwell, Id. 83607

(Street Address)

14220 Tara St. Caldwell, Id. 83607

(Mailing Address, if different than street address)

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

Belinda Siller

14220 Tara St. Caldwell, Id. 83607

(Name)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Ana Napoles

11323 W. Kipling Way Nampa Id. 83651

Belinda Siller

14220 Tara St. Caldwell, Id. 83607

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

14220 Tara St. Caldwell, Id. 83607

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Belinda Siller

Typed Name: Belinda Siller

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/25/2009 05:00
CK: CASH CT: 235462 DH: 1162935
1 @ 100.00 = 100.00 ORGAN LLC # 2

g:\corpforms\LLC forms\cert_org_16.PMD
Revised 07/2008

W0825916