

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 12 AM 8: 50

SECRETARY OF CLASS

1. The name of the limited lial	bility company is: STATE OF IDAHO
	The Fountain Head Salon, LLC
2. The complete street and ma	tiling addresses of the initial designated/principal office:
(Street Address) P.O. Box 8253, Moscow, ID 83	
(Mailing Address, if different than street	address)
3. The name and complete str	eet address of the registered agent:
Deborah L. McCormick	116 E. Third St., Suite 201, Moscow, ID 83843
(Name)	(Street Address)
The name and address of a company:	t least one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Patrisha Fountain-Evavold	P.O. Box 8253, Moscow, ID 83843
-	orrespondence (annual report notices): C, 116 E. Third St., Ste. 201, Moscow, ID 83843
6. Future effective date of filing	ı (optional):
Signature of a manager, men	
Signature Just Joles	Secretary of State use only
yped Name: Patrisha Fountain-E	vavold
Signature	IDAHO SECRETARY OF STATE
Typed Name:	CK: 1296 CT: 235680 BH: 1246830 1 0 100.00 = 100.00 ORGAN LLC #

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