

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

12 JUN 11 AM 8:30 SECRETARY

VE X	(Instructions on ba	ck of application)	STATE OF IDAHO
1.	The name of the limited liability c	ompany is:	···
	Facial Aesthetics Center for Education, LLC		
2.	The complete street and mailing addresses of the initial designated office: 909 S Allante Place Boise, Idaho 83709		
	(Street Address)		
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:		
	Carrie L Thomas	909 S Allante Place Boise, I	daho 837 <u></u> 09
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Add	iress
	Carrie Thomas	909 S Allante Boise, Idaho 8	33709
5.	Mailing address for future corresp	ondence (annual report not	ices):
	909 S Allante Boise, Idaho 83709		
6.	Future effective date of filing (opti	onal):	
_	nature of a manager, member of son.	or authorized	
POI	11 . 111		Secretary of State use only
_	nature <u>Ane / No</u>	mas	
Тур	ed Name: Carrie Thomas		
Sia	nature		IDAHO SECRETARY OF STATE 26/11/2012 05:00
_	ed Name:		CK: CASH CT: 271282 BH: 1327615 8 100.00 = 100.00 DRGON LLC

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