FILED/EFFECTIVE



| | *** | 14015 |
|----|---|---|
| 1. | The name of the limited liability company is: | Facial Impressions,LLC |
| 2. | The address of the initial registered office is: | 3719 E. 98 N., |
| | | and the name of the initial registered |
| | agent at that address is: Kathy Jo Coburn | |
| 3. | The mailing address for future correspondence | :3719 E. 98 N., Rigby, Idaho 83442 |
| 4. | Management of the limited liability company will | be vested in: |
| | Manager(s) or Member(s) . (please check the | ne appropriate box) |
| 5. | If management is to be vested in one or more nat least one initial manager. If management is to address(es) of at least one initial member. Name | nanager(s), list the name(s) and address(es) of o be vested in the members, list the name(s) and Address |
| | Kathy Jo Coburn | 3719 E. 98 N., Rigby, Idaho 83442 |
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| | | |
| 6. | Signature of at least one person responsible for forming the limited liability company: | |
| | | Secretary of State use only IDANO SECRETARY OF STATE |
| | | |
| | | 1 9 199.99 = 199.99 ORGAN LLC # 2 |
| | | 1 9 188.88 = 186.88 ORGAN LLC # 2 |
| | | § ' ' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |