







## STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

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|---|---|
| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day descriptions below) | y Service (see Standard (filing fee \$100)                    |
| 1. Limited Liability Company Name   |   |
| Type of Limited Liability Company   | Limited Liability Company                                     |
| Entity name   | Allison Brooke Salon IIc                                      |
| 2. The complete street address of the principal office is:  |   |
| Principal Office Address  | 706 SPYGLASS WAY<br>EAGLE, ID 83616                           |
| 3. The mailing address of the principal office is:  |   |
| Mailing Address   | 706 SPYGLASS WAY<br>EAGLE, ID 83616-5267                      |
| 4. Registered Agent Name and Address  |   |
| Registered Agent  | NORTHWEST REGISTERED AGENT LLC Commercial Registered Agent    |
|   | Physical Address  |
|   | 784 S CLEARWATER LOOP STE B<br>POST FALLS, ID 83854           |
|   | Mailing Address   |
|   | 784 S CLEARWATER LOOP STE B<br>POST FALLS, ID 83854           |
| ☑ I affirm that the registered agent appointed  | d has consented to serve as registered agent for this entity. |
| 5. Governors  |   |
| Name  | Address   |
| Allison Feraci  | 706 SPYGLASS WAY<br>EAGLE, ID 83616                           |
| Signature of Organizer:   |   |
| Signature of Organizer:   |   |
| CHRIS RHODE   | 04/01/2025  |
| Sign Here   | Date  |