

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

3号字	(Instructions on back of application)	COST JAM 20
_	. ,	SECRETARY O
1.	The name of the limited liability company is:	STATE OF I
	Indulge Salon LLC	
2.	The complete street and mailing addresses of the initial designated office:	
	(Street Address) O East Selfice Way Suite E	
	Post Falls Id 83854	
•	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Kelly Meyer 203 W11th Ave Post Falls (Street Address)	7d 23854
4.	The name and address of at least one member or manager of the limited lial company:	bility
	Name Address	F 11.7- "
	Kelly Meyer 203 W. 11th ave Post	1-allSLX 83854
		
		
5 .	Mailing address for future correspondence (annual report notices):	
	Kelly Meyer 2600 E Seltice Way Suite E Pa	 ~ _, _,
R	Future effective date of filing (optional):	£3854
O.	Tutare enective date of firing (optional).	
_	nature of a manager, member or authorized	
-	SON. I DENNIE LEEF GREEN RAGE	
Sign	nature Koly WALL CK: 8103 CT: 305339	
Тур	ed Name: Kelly Meyer 16 100.00 = 100.00	
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