

Typed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2008 AUG 21 PM 4: 20 SECRETARY OF STATE STATE OF IDAHO

The name of the limit	ed liability compa	nv is:	STATE OF TOTAL
THE HAIRE OF THE IMME	-	C Mobile, LLC	
The complete street a	nd mailing addres		ignated/principal office
(Street Address)		07, Boise, Idaho 83707	<del>:</del>
(Mailing Address, if different th		or, boise, idano 65707	
The name and comple	ete street address	of the registered ag	ent:
Jason Crawforth		173 Woodbridge, Boise, ID 83705	
(Name)		(Street Address)	
Name Jason Crawforth		Address PO Box 9307, Boise, Idaho 83707	
Mailing address for fu	•	nce (annual report no 17, Boise, Idaho 83707	otices):
	FO BOX 930	, Doise, Idanio Co. C.	
Future effective date	of filing (optional):		
nature of organizer(s).		ember, or is	
g in behalf of a prember of	· members).		Secretary of State use only
nature ///		Ec PMI	
ped Name/J	ason Crawforth	LC formstoert_org_lic.PMD 07/2008	
/ '		formsk 72008	IDAHO SECRETARY
ınature		12/2	<u>08/21/2008</u>

08/21/2008 05:00 CK: 57331 CT: 67242 BH: 1132622 1 @ 180.80 = 180.80 ORGAN LLC # 2

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