



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

11 JUN -6 PM 2: 03

1. The name of the limited liability company is:

LAKESIDE AESTHETICS, LLC

SECRETARY OF STATE
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated/principal office:

1305 Hwy 2 West, Bldg A. Ste. A
(Street Address)

Sandpoint, Idaho 83864
(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Home

KELLY A. FUHRMAN
(Name)

91 Tam Tam Drive
(Street Address) Sagle, Idaho 83860

4. The name and address of at least one member or manager of the limited liability company:

Name

KELLY FUHRMAN

mailing

Address

PO Box 333 Sagle, Id 83860

5. Mailing address for future correspondence (annual report notices):

PO Box 333 Sagle, Id 83860

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature: Kelly Ann Fuhrman ARNP

Typed Name: KELLY ANN FUHRMAN
ARNP

Signature: _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/06/2011 05:00
CK: 2365 CT: 282462 BH: 1277066
1 P 100.00 = 100.00 ORGAN LLC # 2

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