



# 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:

KELLY A. FUHRMAN  
(Name)

Home  
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	<u>mailing</u> Address
<u>KELLY FUHRMAN</u>	<u>PO BOX 333 Sagle, Id</u> <u>83860</u>
_____	_____
_____	_____
_____	_____

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 A. 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: 202462 BH: 1277006  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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