

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2011 JUN 15 AM 10: 46

FILED EFFECTIVE

(B \ \overline{\psi} OF)	(Instructions	s on back of application	SECRETARY OF THE
1. The na	me of the limited lia	ability company is:	STATE OF IDAHO
		Zoli's Boutique LLC	
	The complete street and mailing addresses of the initial designated/principal office: 550 W. Fir Street, Shelley, Idaho, 83274		
(Street A	ddress)	-11.1	
(Mailing	Address, if different than stre	et address)	
3. The na	The name and complete street address of the registered agent:		
Kevin S	Searle	1266 N. 550 E. Shelley, Idaho, 83274	
(Name)		(Street Address)	
4. The na compar	ny:	at least one member or	manager of the limited liability
III C	<u>Name</u>	FFO.W. Fin Obn.	Address
Jill Sea	<u> </u>	550 W. Fir Street, Shelley, Idaho, 83274	
5. Mailing	address for future of	correspondence (annual	report notices):
-	Fir Street, Shelley, Idai	•	•
6. Future	effective date of filir	ng (optional):	
Signature person.	of a manager, me	mber or authorized	
Signature_ Typed Nam	Jill Searle	Sparle	Secretary of State use only
Typea Hall			
Signature_			
_	e:		_ IDAHO SECRETARY OF STATE
			06/15/2011 05 d

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CK: 3158 CT: 259829 BH: 1278589 1 8 180.00 = 168.00 ORGAN LLC # 2

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