



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

1. The name of the limited liability company is:

CHRISTA'S DRESS SHOPPE LLC

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

202 SHOSHONE ST E.

(Street Address)

TWIN FALLS ID 83301

(Mailing Address, if different than street address)

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

CHRISTA HANNOLD

(Name)

202 SHOSHONE ST E. TWIN FALLS ID

(Street Address)

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

Name

Address

JAY HANNOLD

202 SHOSHONE ST E. TWIN FALLS ID

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

202 SHOSHONE ST E. TWIN FALLS ID 83301

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Christa L. Hannold

Typed Name:

Christa L. Hannold

Signature

JAY HANNOLD

Typed Name:

JAY HANNOLD

Secretary of State use only

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Revised 07/2008

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09/02/2008 05:00  
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