



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 MAY 21 AM 8:10

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

True Reflections Salon & Supply LLC

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

1043 1049 21<sup>st</sup> ST. Lewiston, ID 83501

(Street Address)

1049 21<sup>st</sup> ST Lewiston, ID 83501

(Mailing Address, if different than street address)

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

Lori Armstrong

(Name)

1043 1049 21<sup>st</sup> ST  
~~1321 Hemlock Ave.~~  
Lewiston, ID 83501

(Street Address)

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

Lori Armstrong

Name

~~1321 Hemlock Ave, Lewiston 83501~~  
1043 1049 21<sup>st</sup> ST.

Address

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

1049 21<sup>st</sup> ST Lewiston, ID 83501

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

Typed Name: Lori L. Armstrong

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/21/2009 05:00  
CK: 1564 CT: 237297 BH: 1171391  
1 @ 100.00 = 100.00 ORGAN LLC # 2

IDAHO LLC form/cert. org. 10 PMD  
Revised 07/2008

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