

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED

11 DEC 15 AM 8: 37

The name of the limited liability company	is:		SECREDA: STATE (
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1.	The name of the limited liability co	ompany is:	SECRETARY CHISTATE STATE OF IDAHO		
	Alo	ha Tattoo and Arts, LLC	Office Of 107 and		
2.	The complete street and mailing at 1712 Dearborn Street, Caldwell, ID 8360 (Street Address)		esignated office:		
	(Mailing Address, if different than street address)	<del></del>			
3.	The name and complete street address of the registered agent:				
	Simon Nahakounalani Kau	1712 Dearborn Street, C	Caldwell, ID 83605		
4.	The name and address of at least one member or manager of the limited liability company:  Name  Address				
	Simon Nahakounalani Kau	1712 Dearborn Street, C	Address		
	Jennifer Marie Kau	1712 Dearborn Street, C			
5.	Mailing address for future correspon	ndence (annual report	notices):		
	1712 Dearborn St Caldwel	1 ID 83605			
6.	Future effective date of filing (option	nal): <u>01/01/12</u>			
Sigr pers	pature of a manager, member or on.	authorized			
Sign	ature		Secretary of State use only		

Typed Name: Simon Nahakounalani Kau

Signature\_

Typed Name: Jennifer Marie Kau

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