



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 APR 30 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Emily Lynch Hair Design L.L.C.

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

444 N Bay St. Post Falls, ID 83854

(Street Address)

1030 N Hill Dr CoA, ID 83814

(Mailing Address, if different than street address)

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

Emily Lynch

(Name)

444 N Bay St Post Falls ID 83854

(Street Address)

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

Name

Address

Emily Lynch

444 N Bay St Post Falls, ID 83854

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

1030 N Hill Dr CoA, ID 83814

6. Future effective date of filing (optional): N/A

Signature of a manager, member or authorized person.

Signature Emily Lynch
Typed Name: Emily Lynch

Signature Emily Lynch
Typed Name: Emily Lynch

Secretary of State use only

IDAHO SECRETARY OF STATE

04/30/2014 05:00

CK:638236294 CT:296292 BH:1422606

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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