CERTIFICATE OF		09 JUN 29 AM 9= 26	
(Instructions on back of application)		SECRETARY OF STATE	
I. The name of the limited liability of	company is:	STATE OF IDAHO	
A	CACIA SKIN CARE, LLC		
2. The complete street and mailing	-	nated/principal office:	
(Street Address)	ar, Suite C, Sandpoint, ID 83864	New <u>Concession of the Concession of the Concess</u>	
(Malling Address, if different than street address	s)	- <u></u>	
3. The name and complete street ac		nt:	
Amber Campbell	217 Cedar, Suite C, S	Sandpoint, ID 83864	
(Name)	(Street Address)	na n	
I. The name and address of at leas company:	t one member or manager of	f the limited liability	
Name		Address 217 Cedar, Suite C, Sandpoint, ID 63864	
Amber Campbell	217 Cedar, Suite C, 8	Sandpoint, ID 83864	
		<u></u>	
			
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		in the second	
5. Mailing address for future corresp 217 Ced	oondence (annual report noti ar, Suite C, Sandpoint, ID 83864	ces):	
6. Future effective date of filing (opt	ional):	na Santa Santa San	
ignature of organizer(s). (An organizer sting in behalf of a member or members).	is a member, or is	· · · ·	
		Secretary of State use only	
ignature Unit (will be			
Amhbe Comah	א נ		
yped Name: Amber Campbe	2008 2008	IDANO SECRETARY OF STATE	
yped Name:Amber Campbe ignature	meltLC formation	IDAND SECRETARY OF STATE 26/29/2009 05:0 (X: NO (X) CT: 234482 NH: 1176 1.0 100 00: 100: 100 00: 100: 100: 100: 100: 100: 100: 100: 100: 100: 100: 100	

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