

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

## FILED EFFECTIVE

	(Instructions on bac		2014 JUN 26	AM 8 4
1.	The name of the limited liability co	ompany is:	SECRETARY	OF STATE
	Gustin Educational, LLC		STATE OF	
2.	The complete street and mailing addresses of the initial designated office: 12853 Vista Avenue, Orofino, ID 83544 (Street); PO Box 761, Orofino, ID 83544 (Mailing)			
	(Street Address) PO Box 761, Orofino, ID 83544 (Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	James A. Gustin	12853 Vista Avenue, Orofino, ID 8	3544	1
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	Name Address			<b>II</b>
	James A. Gustin	PO Box 761, Orofino, ID 83544		
5.	Mailing address for future correspondence PO Box 761, Orofino, ID 83544	ondence (annual report notices):		
6.	Future effective date of filing (option	onal):		
	nature of a manager, member o	or authorized		
Sig	nature Sames N. Gu	IDAH	ry of State use only to SECRETARY OF STA /26/2014 05:0	
Ту	ped Name: James A. Gustin /		CT:298370 BH:14	

10 100.00 = 100.00 ORGAN LLC #2 10 20.00 = 20.00 EXPEDITE C #3

W139408

Signature\_\_\_\_

Typed Name: