

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 AUG -9 PM 4: 13

1	The name of the limited liability company is: SECRETARY OF STATE STATE OF IDAHO
١.	The name of the limited liability company is: STATE OF IDAHO Creative Hands Preschool LLC
2	The complete street and mailing addresses of the initial designated/principal office:
۷.	11170 G Annik Pol Warman TD 83687
	4170 E. Amily Rd, Nampa ID 83687 (Street Address) 1967 Londoner Way Boise ID 83706
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	Stephanie Graves 1967 Londoner Way Boise ID83704 (Name)
	(Name) (Street Address)
4	The name and address of at least one member or manager of the limited liability
4.	company:
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	Nilli Black 2195 Elder St Nampa ID 83486
5.	Mailing address for future correspondence (annual report notices):
	1967 Londoner way Boise ID 83706
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6.	Future effective date of filing (optional):
	nature of organizer(s). (An organizer is a member, or is
acti	ng in behalf of a member or members). Secretary of State use only
Sig	pature Stephane Steph
_	ped Name: Stephanie Graves
	IDAHO SECRETARY OF STATE BY SESSION OF STATE BY S
Sig	mature / W - 15 W - 1234129
Tyr	ned Name: V N/K Black legs 1 = 20.00 EXPEDITE C # 3

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