

Signature:_

Rev. 07/2015

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

2015 AUG -5 AM 10: 46

Base Filing fee: \$100.00.

SECRETARY OF FIRE

	Complete and subm	STATE OF IDAHO			
1.	The name of the limited liabil	lity company is:			
	Sweet Clover School, LLC				
	(Remember to include the words "Limited Liability Company," "Limited Companyj, "or the abbreviations L.L.C., LLC, or LC)				
2.	The complete street and mailing addresses of the principal office is:				
	511 Willow Street	mile do Literatura de la composição de l	Hailey	(D 83	3333
	(Street Address)		(Gity)		Zipcode)
	(Mailing Address, if different)		(Olty)	(State)	(Zipcode)
3.	The name and complete street address of the registered agent:				
	Joan Reynolds	421 So. River Street	Hailey	ID	83333
	(Name)	(Address)	(City)	(State)	(Zipcode)
4.	The name and address of at least one governor of the limited liability company:				
	Joan Reynolds	421 So. River Street	Hailey	<u>ID</u>	83333
	(Name)	(Address)	(City)	(State)	(Zipcode)
	(Name)	(Address)	(City)	(State)	(Zipcode)
	(Name)	(Address)	(City)	(State)	(Zipcode)
	(Name)	(Address)	(City)	(State)	(Zipcode)
5.	Mailing address for future correspondence (annual report notices):				
	P.O. Box 2609		Hailey	<u>ID</u>	83333
	(Address)	·	(City)	(State)	(Zipcode)
Sig	nature of organizer(s).		<u> </u>		
Prir	nted Name: Joan Reynolds		Secretary of State us	e only	
Signature: MM Cup (4)			IDAHO SECRETARY OF STATE 08/05/2015 05:00 CK:3092298 CT:172099 BH:1486743		
Printed Name:			10 100.00 = 100.00 ORGAN LLC #2		

10.00 = 20.00 EXPEDITE C #3

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