



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2014 OCT 31 AM 11:26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Linder Learning Academy LLC

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

737 N. Linder RD Meridian, ID 83642
(Street Address)

1927 NW 11th Ave Meridian, ID 83646
(Mailing Address, if different than street address)

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

Chelsea Hasson
(Name)

737 N. Linder RD Meridian, ID
(Street Address)
83642

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

<u>Name</u>	<u>Address</u>
<u>Chelsea Hasson</u>	<u>1927 NW 11th Ave Meridian, ID</u> <u>83646</u>

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

1927 NW 11th Ave Meridian, ID 83646

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Chelsea Hasson

Typed Name: Chelsea Hasson

Signature _____

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE

10/31/2014 05:00

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