

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

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<u> </u>	(Instructions on ba	ck of application)	
1.	The name of the limited liability of	• •	SECRETARY OF STATE STATE OF IDAHO
		fater Tot Preschool LLC	
2.	The complete street and mailing a 500 N. Main Street Malta, Id. 83342	addresses of the initial des	ignated/principal office:
	(Street Address) P.O. Box 102 Malta, Id. 83342		
3.	(Mailing Address, if different than street address)  The name and complete street address of the registered agent:		
	Crystal Steed	2231 East 1500 South Malta, Idaho 83342	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:  Name  Address		·
	Crystal Steed	2231 East 1500 South Malta, Idaho 83342	
	<del></del>		
5.	Mailing address for future correspondence (annual report notices): P.O. Box 102 Malta, Idaho 83342		
6.	Future effective date of filing (optional): August 1st, 2011		
_	nature of a manager, member of son.	or authorized	
Sig	nature <u>Cryptal Steed</u>		Secretary of State use only
Тур	ed Name: Crystal Steed		
Sigi	nature		TRANS SPECIAL
	ed Name:		IDAHO SECRETARY OF STATE 07/21/2011 05:00
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