



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 MAY 23 AM 9:34

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Oh the places you will go, Preschool and Child Care Center LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

417 Shoup Ave. W., Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different)

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

Stephanie Ford

3303 Aspen Ridge Circle, Kimberly, ID 83341

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Stephanie Ford

3303 Aspen Ridge Circle, Kimberly, ID 83341

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

417 Shoup Ave W., Twin Falls, ID 83301

(Address)

Signature of organizer(s).

Signature: Stephanie Ford

Printed Name: Stephanie Ford

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/23/2016 05:00

CK:1591 CT:324637 BH:1529656

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