



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 NOV 21 AM 11:58

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Bartending School of Idaho LLC

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

11176 W. Lost River Dr. Boise ID 83709

(Street Address)

(Mailing Address, if different than street address)

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

William Thompson

(Name)

11176 W. Lost River Dr. Boise, ID 83709

(Street Address)

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

Name

Address

William Thompson

11176 W. Lost River Dr. Boise, ID 83709

Arlene Thompson

"

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

11176 W. Lost River Dr. Boise, ID 83709

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

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: William Thompson

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/21/2012 05:00
CK: CASH CT: 276493 BH: 1348563
1 @ 100.00 = 100.00 ORGAN LLC # 2

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