

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

 2014 JAN 14 PM 2:12
 SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the limited liability company is:

EDUCATORS EYES LLC

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

2785 Linda Cr

(Street Address)

Idaho Falls, ID 83402

(Mailing Address, if different than street address)

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

Corporation Service Company

(Name)

12550 W. Explorer Drive, Suite 100, Boise, ID 83713

(Street Address)

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

Name**Address**
CASTLES NOT PRISONS LLC
2785 LINDA CR IDAHO FALLS, ID 83402
CITADEL EDUCATION CONSULTING LLC
P.O. BOX 3338 IDAHO FALLS, ID 83403

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

2785 Linda Cr Idaho Falls, ID 83402

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

Signature of a manager, member or authorized person. Corporation Service Company

 Signature By: Cindy Leski

 Typed Name: Cindy Leski

 Title: Organizer

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 01/14/2014 05:00
 CK: NONE CT: 1157 BH: 1405923
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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