| 251 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE OF ORGANIZATI LIMITED LIABILITY COMPAN (Instructions on back of application) | Y II AUG - 5 AM 9:25 |
| 1. The name of the limited liability company is: SECREDARY OF STATE The wind high for when the hold of STATE OF IDAHO | |
| <u>The Kiddle Garden Preschool LLC</u> 2. The complete street and mailing addresses of the initia <u>5099 Pahala Dr. Idaho Falls, ID</u> 0340 (Street Address) | |
| (Mailing Address, if different than street address) 3. The name and complete street address of the registere | ed agent: |
| JIII J. Watts 5089 Pahala (Name) (Street Address) | Dr. Idaho Falls, ID 83404 |
| 4. The name and address of at least one member or man company: <u>Name</u> JIII J. Watts Benjamin R. Watts | ager of the limited liability Address Dr. Idaho Falls, 10 83404 |
| | |
| 5. Mailing address for future correspondence (annual report notices): 5099 Pahala Dr. Idaho Falls, 1D 03404 | |
| 6. Future effective date of filing (optional): | |
| Signature of a manager, member or authorized person. | |
| Signature | Secretary of State use only |
| Signature Typed Name: | IDANO SECRETARY OF STATE 08/05/2011 05:00 CK: 1851 CT: 261312 BH: 1285488 1 0 199.89 = 100.88 Organ LLC # 2 |
| cert_org_lic Rev. 07/2010 | W105606 |