

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANYSEP 18 AM 8: 46

(Instructions on back of application)

(OPART CONTRACTOR
1. The name of the limited liability	company is: STATE OF IDAHO
Education, LLC	oimie ut iuatio
2. The complete street and mailing 212 N 3785 E Rigby, ID 83442 (Street Address)	g addresses of the initial designated office:
(Mailing Address, if different than street addre	ess)
3. The name and complete street a	
Teresa Coumerilh (Name)	725 S Woodruff Ave Idaho Falls, ID 83403 (Street Address)
The name and address of at lea company:	st one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Smith Consulting, Inc.	212 N 3785 E Rigby, ID 83442
 Mailing address for future corres 212 N 3785 E Rigby ID, 83442 	pondence (annual report notices):
6. Future effective date of filing (opt	tional):
Signature of a manager, member person.	or authorized
Signature / Clumuch	Secretary of State use only
yped Name. Teresa Comerilh	
Signature	IDAHR SECRETORY OF STATE
yped Name:	89/18/2015 SETT ==

1 8 100,00 = 100,00 ORGAN LLC # 2