



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 FEB 25 AM 9:59

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BO PEEP DAY CARE, LLC

2. The street address of the initial registered office is:

160 7TH AVENUE NORTH, TWIN FALLS IDAHO 83301

and the name of the initial registered agent at the above address is:

CLAUDIA S. RADMALL

3. The mailing address for future correspondence is:

P O BOX 163 TWIN FALLS IDAHO 83303

4. The limited liability company will be:

Manager-managed ☒ or Member-managed ☐ (please check the appropriate box)

5. If manager-managed, list the name(s) and address(es) of at least one initial manager.
If member-managed, list the name(s) and address(es) of at least one initial member.

Name

Address

CLAUDIA S. RADMALL

P O BOX 953 TWIN FALLS IDAHO 83303

GARY RADMALL

P O BOX 953 TWIN FALLS IDAHO 83303

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Claudia S. Radmall

Typed Name: CLAUDIA S. RADMALL

Capacity: MANAGER

Signature: _____

Typed Name: GARY RADMALL

Capacity: MANAGER

Secretary of State use only

IDAHO SECRETARY OF STATE
02/25/2008 05:00
CK: NO CKH CT: 222899 BH: 1101115
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5-001-forms.LLC System for organization and
Revised: 05/2007

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