

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 0CT 19 AM 8: 52

	(Instructions on bac	ck of application)	SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability co	ompany is:	STATE OF IDAHO
	AMERICAN LAND COLLEGE, LLC		
2.	The complete street and mailing addresses of the initial designated/principal office:		
	860 BEACON BOISE, ID 83706		
	(Street Address) PO BOX 1031 BOISE, ID 83701		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	·	_	
	JOHN KNIPE	860 BEACON BOI	SE, ID 83706
	(Name)	(Street Address)	
	The name and address of at least company:	one member or ma	nager of the limited liability
	<u>Nama</u>		Address
	JOHN KNIPE	KNIPE PO BOX 1031, BOISE, ID 83701	
5. N	Mailing address for future correspo	ondence (annual rep	port notices):
6. F	uture effective date of filing (option	onal):	
_	ature of organizer(s). (An organizer is g in behalf of a member or members).	a member, or is	
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_	ature		
Гуре	d Name: MARSHA SIHA	foort	
Ciarr.		Promise Commission Congue Parity Revised O772008	IDANO SECRETARY OF STATE
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