



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG -5 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

S.T.E.P (Strategies for Teaching and Empowering People), LLC

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

3930 Greenbrier dr. Boise, ID 83705

(Street Address)

(Mailing Address, if different than street address)

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

Lindsay Olsen

(Name)

3930 Greenbrier dr. Boise, ID 83705

(Street Address)

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

Name

Address

Amanda LaChance

13 W Hurrell St Boise, ID 83702

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

3930 Greenbrier dr Boise, ID 83705

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

Signature of a manager, member or authorized person.

Signature

Typed Name:

Signature

Typed Name:

Secretary of State use only

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08/05/2011 05:00
CK: 1094 CT: 260505 BH: 1205498
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