



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUL -6 AM 9:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BRIGHTER TOMORROWS SPEECH LANGUAGE THERAPY, LLC

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

1643 SHADY PINE IDAHO FALLS, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

AMY FISHER

(Name)

1643 SHADY PINE IDAHO FALLS, ID 83404

(Street Address)

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

Name

Address

AMY FISHER

1643 SHADY PINE IDAHO FALLS, ID 83404

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

3456 E 17TH #140 AMMON, ID 83406

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

AMY FISHER

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
07/06/2010 05:00
CK: 2535 CT: 171497 BH: 1229420
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