

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 SEP -5 AM 8: 39 SECRETARY OF STATE STATE OF IDAGE

FILED EFFECTIVE

. The name of the limited liability compar	ny is: STATE OF STATE OF IDAHO
Education	on Solutions LLC
. The complete street and mailing addres	ses of the initial designated/principal office:
302 4th Ave.	., Lewiston, ID 83501
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street address	of the registered agent:
Neil & Stephanie Goeckner	302 4th Ave., Lewiston, ID 83501
(Name) (St	treet Address)
The name and address of at least one moments:	nember or manager of the limited liability
Name	Address
Neil & Stephanie Goeckner	302 4th Ave., Lewiston, ID 83501
Mailing address for 6 to me a server a	
Mailing address for future correspondence	
302 4th Ave.,	Lewiston, ID 83501
Future effective date of filing (optional): _	
. date checave date of filling (optional)	
ature of organizer(s). (An organizer is a meml g in behalf of a member or members).	ber, or is
g in behalf of a member or members).	Secretary of State use only
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ed Name: Neil Goeckner	g
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ature	772000 2 Panuary 1
ed Name: Stephanie Goeckner	IDAHO SECRETARY OF STATE
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