



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 OCT 15 AM 8:55

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Study Skills Academy, LLC

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

2074 W Pacific Ridge St., Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Mike Bowie

(Name)

2074 W Pacific Ridge St., Eagle, ID 83616

(Street Address)

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

Name

Address

Mike Bowie

2074 W Pacific Ridge St., Eagle, ID 83616

Scott Straub

PO Box 1367, Boise, ID 83701

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

2074 W Pacific Ridge St., Eagle, ID 83616

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature [Signature]

Typed Name: Mike Bowie

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/15/2014 05:00

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