

## ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 05 SEP - 1 PM 1: 13

(Instructions on back of application)

| 1.   | The name of the limited liability com   | pany is:                | STATE OF IDAHO  |
|--|---|-------------------------|---|
|  | Framework Learning, LLC   |                         |   |
| 2.   | The street address of the initial regis   | tered office is:        |   |
|  | 1102 N. 21st St., Boise, ID 83702   |                         |   |
|  | and the name of the initial registered  | agent at the above      | address is:   |
|  | Emily Boles   |                         |   |
| 3.   | The mailing address for future corres   | pondence is:            |   |
|  | 1102 N. 21st St., Boise, ID 83702   |                         |   |
| 4.   | . Management of the limited liability company will be vested in:  |                         |   |
|  | Manager(s) or Member(s) (please check the appropriate box)  |                         |   |
| 5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member. |   |                         |   |
|  | Name  |                         | Address   |
|  |   |                         |   |
|  | Emily Boles   | 1102 N. 21st St. F      | Roise ID 83702  |
|  | Emily Boles   | 1102 N. 21st St., E     | Boise. ID 83702   |
|  | Emily Boles   | 1102 N. 21st St., E     | Boise. ID 83702   |
|  | Emily Boles   | 1102 N. 21st St E       | Boise. ID 83702   |
|  | Emily Boles   | 1102 N. 21st St E       | Boise. ID 83702   |
|  | Emily Boles   | 1102 N. 21st St E       | Boise. ID 83702   |
| 6.   | Signature of at least one person respo  | ensible for forming th  |   |
| 6. ∻<br>S<br>T   | Signature of at least one person respo  | ensible for forming th  |   |
| S  |   | ensible for forming th  | e limited liability company:  Secretary of State use only  IDANO SECRETARY OF STATE                     |
| S<br>T<br>C  | Signature of at least one person responsion to the second | ensible for forming th  | IDANO SECRETARY OF STATE  99/01/2005 05:00  CK: 1485 CT: 191939 BH: 989558                              |
| S<br>T<br>C  | Signature of at least one person responsion to the second | consible for forming th | Secretary of State use only  IDANO SECRETARY OF STATE  99/01/2005 05:00  CK: 1485 CT: 191939 BH: 989558 |