

Typed Name

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 JUL 30 AM 9: 14

TO T	(Instructions on back of application)	
1.	The name of the limited liability company is: SECRETARY OF STATE STATE OF IDAHO	
	Lots of Laughs Preschool and Child Care Cer	ter uc
2.	The complete street and mailing addresses of the initial designated office:	
	580 Holmes Ave. Idaho Falls ID 83401 (Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Peggy Briggs 740 Crimson Dr. Idaho Falls ID (Street Address)	83401
4.	The name and address of at least one member or manager of the limited liability company:	
	Name Address	
	Peggy Briggs 740 Crimson Dr. Idaho Falls ID 83401	
	Hollie Demitropoulos 4300 Dixie St. Idaho Falls ID 83401	
	Debi Briggs 740 Crimson Dr. Idaho Falis ID 83401	
5. Mailing address for future correspondence (annual report notices):		
	740 Crimson Dr. Idaho Falls ID 83401	
6.	Future effective date of filing (optional):	
_	nature of a manager, member or authorized	
pers	Son. Secretary of State use only	l I
Sigi	nature	
Тур	ed Name: Hollie Demitropoulos	
	IDANO SECRETARY OF STATE	

07/30/2012 05:00 CK: 2368 CT: 272828 BH: 1333899 1 0 100.00 = 100.00 DRSAN LLC # 2

W/16020