



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 MAY 11 AM 9:24  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Academic Solutions LLC

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

2685 Channing Way, Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

Nancy Lynne Anderson

(Name)

3054 Mesquite Drive, Idaho Falls, Idaho 83404

(Street Address)

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

**Name**

**Address**

Nancy Lynne Anderson

3054 Mesquite Drive, Idaho Falls,  
Id, 83404

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

3054 Mesquite Drive, Idaho Falls, ID 83404

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Nancy Lynne Anderson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/11/2012 05:00  
CK: 7176 CT: 270306 BH: 1323819  
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