

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 09 NOV 12 AM 9: 10

- XC	(mstructions on pack of	application)	On the State of th	
1.	The name of the limited liability compa	any is:	SECRETARY OF S TATE STATE OF IDAHO	
	CLOUD 9 CHILDIARE LLC			
2.	. The complete street and mailing addresses of the initial designated/principal office:			
	87605, 600W VG	e up	83455	
	(Street Address) Po Box WS VCTOR (Mailing Address, if different than street address)	ID	83455	
3.	The name and complete street address of the registered agent:			
	(Name)	Street Address)	500 W. VICTOR 10 80455	
4. The name and address of at least one member or manager of the limited liability company:				
	Name Vesu Museaut	1394 F	EDINGE TE MATOR ID 8366	
	BLODON MUSICALE		945 NOTOR 10 83465	
5.	. Mailing address for future correspondence (annual report notices):			
Po Box 945 Note 10 83455				
6.	Future effective date of filing (optional)	<u> </u>		
Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).				
Secretary of State use only				
Typed Name: Kerry Kry Mc Workshill & W 88274				
Signature				