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# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 JUL 16 AM 10:32

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Educational Services for Special Needs, LLC

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

3209 S. Oxbow Dr., Nampa, ID 83686

(Street Address)

P.O. Box 1073, Nampa, ID 83686

(Mailing Address, if different than street address)

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

Maggie O'Brien

(Name)

3209 S. Oxbow Dr., Nampa, ID 83686

(Street Address)

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

**Name****Address**

Maggie O'Brien

P.O. Box 1073, Nampa, ID 83686

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

P.O. Box 1073, Nampa, ID 83686

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Maggie O'Brien  
Typed Name: Maggie O'BrienSignature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

 Organizational LC Worksheet, org. fr. P-600  
 Revised 07/2009

 IDAHO SECRETARY OF STATE  
 07/16/2009 05:00  
 CK: NONE CT: 196449 RI: 1179870  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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