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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

3209 S. Oxbow Dr., Nampa, ID 83686

(Name)

(Street Address)

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

Name

Maggie O'Brien

Address

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'Brien

Signature _____
Typed Name: _____

Signature LLC Application Log No. P180
Received 07/16/2009

Secretary of State Use Only

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07/16/2009 05:00
CK: NONE CT: 196449 BH: 1179879
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