



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE
2017 FEB -9 PM 12: 57
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Simply Autism LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviation "LLC," "L.L.C.," or "LC.")

2. The complete street and mailing addresses of the principal office is:

1982 W Kelly Creek Dr

(Street address)

Meridian, ID 83646

(Mailing Address - if different)

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

Jennifer Chappell

1982 W Kelly Creek Dr Meridian, ID 83646

(Name)

(Address - do not use a post office or a private mailbox)

4. The name and address of at least one governor of the limited liability company:

Jennifer Chappell

1982 W Kelly Creek Dr Meridian, ID 83646

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1982 W Kelly Creek Dr Meridian, ID 83646

(if different)

Signature of organizer(s).

Signature: Jennifer Chappell

Printed Name: Jennifer Chappell

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/09/2017 05:00

CK: CASH CT: 334450 BH: 1568314

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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