



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 15 AM 8:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Word Doctor, LLC

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

2147 South Riverbirch Place, Eagle, Idaho, 83616

(Street Address)

(Mailing Address, if different than street address)

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

Carolyn M. Harrison

(Name)

2147 South Riverbirch Place, Eagle, Idaho, 83616

(Street Address)

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

Name

Address

Carolyn M. Harrison

2147 South Riverbirch Place, Eagle, Idaho, 83616

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

2147 South Riverbirch Place, Eagle, Idaho, 83616

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Carolyn M. Harrison

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/15/2010 05:00
CK: 2514 CT: 252771 BH: 1247117
1 @ 100.00 = 100.00 ORGAN LLC # 2

W97964