



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 SEP -2 AM 11:30

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TAYLOR MADE DAY CARE, LLC

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

407 PARK AVENUE, MACKAY, IDAHO, 83251

(Street Address)

P.O. BOX 193, MACKAY, IDAHO, 83251

(Mailing Address, if different than street address)

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

BONNIE TAYLOR

(Name)

407 PARK AVENUE, MACKAY, IDAHO, 83251

(Street Address)

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

Name

Address

BONNIE TAYLOR

Manager

407 PARK AVENUE, MACKAY, IDAHO, 83251

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

P.O. BOX 193, MACKAY, IDAHO, 83251

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

Signature of a manager, member or authorized person.

Signature

Bonnie Taylor

Typed Name: BONNIE TAYLOR

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
09/02/2011 05:00
CK: 774966 CT: 172099 BH: 1288991
1 @ 100.00 = 100.00 ORGAN LLC # 2

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