

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 APR -9 PM 1: 05

The name of the li Olde School Learning	mited liability company is:	SECRETARY OF STATE STATE OF IDAHO	
	et and mailing addresses of the initial	designated office:	
(Mailing Address, if differe	nt than street address)		
3. The name and con	nplete street address of the registered	d agent:	
William D. Norris	516 Cornwall Way, F	516 Cornwall Way, Fruitland, ID 83619	
(Name)	(Street Address)	(Street Address)	
company:	lress of at least one member or mana	ager of the limited liability Address	
Janis E. Norris	516 Cornwall Way, F	ruitland, ID 83619	
William D. Norris	516 Cornwall Way, F	ruitland, ID 83619	
Julie K. Noethe	506 Cornwall Way, F	ruitland, ID 83619	
5. Mailing address for 516 Cornwall Way, F	r future correspondence (annual repo ruitland, ID 83619	ort notices):	
6. Future effective da	te of filing (optional):		
Signature of a mana person.	ger, member or authorized		
Signature Aus	E. norris	Secretary of State use only IDAHO SECRETARY OF STATE 04/09/2015 05:00	
Typed Name Janis E.	Norris	CK:1341 CT:308766 BH:14702	

W150228

10 100.00 = 100.00 ORGAN LLC #2

Signature Mula

Typed Name: William D. Norris