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-FILED-

File #: 0005159805

Date

Date Filed: 3/17/2023 6:43:15 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	North Idaho Classical Academy LLC
2. The complete street address of the principal office is:	
Principal Office Address	DR. JACOB FRANCOM
	105 RAINBOW LANE
	MOYIE SPRINGS, ID 83845
3. The mailing address of the principal office is:	
Mailing Address	DR. JACOB FRANCOM
	PO BOX 734
	BONNERS FERRY, ID 83805-0734
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Chris Yorgason
	Physical Address:
	6200 N. MEEKER PLACE
	BOISE, ID 83713
	Mailing Address: CHRIS YORGASON
	6200 N MEEKER PL
	BOISE, ID 83713-1823
I affirm that the registered agent appointed has consented	d to serve as registered agent for this entity.
5. Governors	
Name	Address
American Classical Schools of Idaho, Inc.	STEPHEN LAMBERT
	500 SW 3RD ST
	FRUITLAND, ID 83619-5062
Signature of Organizer:	
Jacob Francom	03/17/2023

Sign Here