



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 DEC -9 AM 10: 53

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CHILDREN'S WORKSHOP, LLC

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

710 WEST RIVERVIEW DRIVE, IDAHO FALLS, ID 83401

(Street Address)

P.O. BOX 51753, IDAHO FALLS, ID 83404

(Mailing Address, if different than street address)

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

ERIC L. OLSEN

(Name)

201 E. CENTER ST. POCA TELLO, ID 83201

(Street Address)

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

Name

SYLVIA MEDINA

Address

710 WEST RIVERVIEW DR.

IDAHO FALLS, ID 83401

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

P.O. BOX 51753, IDAHO FALLS, ID 83404

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

CONRAD J. AIKEN

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
12/09/2009 05:00
CK: 3843 CT: 169900 BH: 1190440
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W88807