CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2012 DEC 21 AM 9: 07

FILED EFFECTIVE

(Instructions on back of application)

1.	The name of the limited liability com	pany is:	SECRETARY OF STATE STATE OF IDAHO
	LGW Ed Tech Consulting LLC.,		
2	The complete street and mailing add 1457 W. Topanga Ct. Kuna, ID 83634 (Street Address)	resses of the	e initial designated office:
	(Mailing Address, if different than street address)		
· ·	The name and complete street address of the registered agent:		
3.	The hame and complete street address of the registered agent.		
	Lee Wheeler	1457 W. Topanga Ct. Kuna, ID 83634	
	(Name)	(Street Address	
	The name and address of at least one member or manager of the limited liability company:		
	Name		Address
	Lee Wheeler	1457 W. Topanga Ct. Kuna, ID 83634	
5 . 1	Mailing address for future correspond 1457 W. Topanga Ct. Kuna, ID 83634	dence (annu	al report notices):
6. l	Future effective date of filing (options	al):	
Sign pers	nature of a manager, member or	authorized	
P010			Secretary of State use only
Sign	ature		
Туре	ed Name: Lee Wheeler	<u> </u>	
Sian	ature		IDAHO SECRETARY OF STATE 12/21/2012 05:00

1 8 100.00 = 100.00 ORGAN LLC # 2

W 120240

Typed Name: _____