



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JUN 24 AM 8:23

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Tiff's Tots Learning Center, LLC

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

2884 N Manchester Place, Boise, Idaho 83704

(Street Address)

(Mailing Address, if different than street address)

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

Tiffany A Gamel

(Name)

2884 N Manchester Place, Boise, Idaho 83704

(Street Address)

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

Name

Address

Tiffany A Gamel

2884 N Manchester Place, Boise, Idaho 83704

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

2884 N Manchester Place, Boise, Idaho 83704

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

Signature of a manager, member or authorized person.

Signature Tiffany A Gamel

Typed Name: Tiffany A Gamel

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/24/2015 05:00

CK:1135 CT:311711 BH:1481170

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