

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1.	The name of	the limited	liability o	ompany	is:
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SECRETARY OF STATE STATE OF IDAHO

Virtual Teachers Agency, LI	.C		
The complete street and mailing addresses of the initial designated/principal office:			
21388 Binford	d, Greenleaf, Idaho 83626		
(Street Address)			
(Mailing Address, if different than street address)			
. The name and complete street addres	s of the registered agent:		
Holly S. Longstroth	21388 Binford, Greenleaf, Idaho 83626		
(Name)	(Street Address)		
The name and address of at least one member or manager of the limited liability company:			
Name	Address		
Holly S. Longstroth	21388 Binford, Greenleaf, Idaho 83626		
Jan Holland	Douglas, Isle of Man, IM2 3QH, UK		
<u> </u>			
Mailing address for future corresponde	ence (annual report notices):		
21388 Binford	d, Greenleaf, Idaho 83626		
Future effective date of filing (optional)	)‡		
gnature of organizer(s). (An organizer is a me	ember, or is		
ing in behalf of a member or members).	Secretary of State use only		
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