



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
10 JAN -7 AM 8:39

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Kelly Adult Benefits Coordination, LLC

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

729 W. Pleasant St.

(Street Address)

Idaho Falls, ID 83401

(Mailing Address, if different than street address)

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

Kelly Lawrence, M.Ed.

(Name)

729 W. Pleasant St. Idaho Falls, ID 83401

(Street Address)

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

Name

Address

Kelly Lawrence, M.Ed.

729 W. Pleasant St. Idaho Falls, ID 83401

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

729 W. Pleasant St. Idaho Falls, ID 83401

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 Kelly Lawrence, M.Ed.

Typed Name: Kelly Lawrence, M.Ed.

Signature _____

Typed Name: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
01/07/2010 05:00
CK: 1106 CT: 243657 DN: 1202351
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Revised 07/2008