

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 SEP 30 AM 8: 46

SECRETARY OF STATE

| 1. The name of the limited liability                                                            | company is: STATE OF IDAHO                            |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Maria of the Angels Montessori School LLC                                                       |                                                       |
| 2. The complete street and mailing 3044 NW Canal Road                                           | addresses of the initial designated/principal office: |
| (Street Address) Mountain Horne, Idaho 83647 (Mailing Address, if different than street address | 38)                                                   |
| 3. The name and complete street a                                                               | address of the registered agent:                      |
| Dalis M. Tannier                                                                                | 1126 NW Schmoll Raod Mountain Home, Idaho 83647       |
| (Name)                                                                                          | (Street Address)                                      |
| The name and address of at least company:                                                       | st one member or manager of the limited liability     |
| Name                                                                                            | <u>Address</u>                                        |
| Dalis M. Tannler                                                                                | 1126 NW Schmoli Rd MTN Home, ID 83647                 |
| Raymond L. Schalk                                                                               | 1126 NW Schmoll Rd MTN Home, ID 83647                 |
|                                                                                                 |                                                       |
|                                                                                                 |                                                       |
|                                                                                                 |                                                       |
|                                                                                                 |                                                       |
|                                                                                                 |                                                       |
| 5. Mailing address for future corres                                                            | pondence (annual report notices):                     |
| 3044 NW Canal Road Mountain Hon                                                                 | •                                                     |
|                                                                                                 |                                                       |
| 6. Future effective date of filing (op                                                          | tional):                                              |
|                                                                                                 |                                                       |
| Signature of a manager, member                                                                  | or authorized                                         |
| person.                                                                                         | Secretary of State use only                           |
| Signature Lahi M har G                                                                          |                                                       |
| Typed Name: Dalis M. Tani                                                                       | nler                                                  |
|                                                                                                 |                                                       |
| Signature                                                                                       | 1DAHO SECRETARY OF STATE  99/30/2011 05:00            |
| Typed Name:                                                                                     | CK: 4089 CT: 262909 BH: 1292524                       |

1 9 100.00 = 100.00 QRGAN LLC # 2

cert\_org\_lic Rev. 07/2010

W10713/