

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1.	. The name of the limited liability company is:	
	LEWIS EDUC	ATIONAL ENDEAVORS, LLC
2.	2. The complete street and mailing addresses of the initial designated/principal office:	
	550 SHOSHONE DRIVE, HAILEY, ID 83333	
	(Street Address) POST OFFICE BOX 3742, HAILEY, ID 83333	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	JAMES L. LEWIS	550 SHOSHONE DRIVE, HAILEY, ID 83333
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	<u>Address</u>
	JAMES L. LEWIS	550 SHOSHONE DRIVE, P.O. BOX 3742
		HAILEY, ID 83333
5.	Mailing address for future correspondence (annual report notices): POST OFFICE BOX 3742, HAILEY, ID 83333	
6.	Future effective date of filing (optional):	
_	nature of organizer(s). (An organizer is a ng in behalf of a member or members).	member, or is
		Secretary of State use only
Sig	nature fames X. /	
Тур	ped Name:JAMES L. LEWIS	
Sig	nature	IDAHO SECRETARY OF STATE Object
Тур	oed Name:	CK: 10947 CT: 91848 DH: 1175463

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