



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

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1. The name of the limited liability company is:

Youe Autism Whisperer, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC.)

2. The complete street and mailing addresses of the principal office is:

673 S. Widgeon St. , Post Falls, ID 83854

(Street Address)

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

Stephen Chase

673 S. Widgeon St. , Post Falls, ID 83854

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Stephen Chase

673 S. Widgeon St. , Post Falls, ID 83854

(Name)

(Address)

Karen Chase

673 S. Widgeon St. , Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

673 S. Widgeon St. , Post Falls, ID 83854

(Mailing Address)

Signature of organizer(s).

Printed Name: **Karen Chase**

Signature: **Karen Chase**

Printed Name: **Stephen Chase**

Signature: **Stephen Chase**

Secretary of State use only