

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

|     |   |   | 21211000                    |
|-----|---|---|-----------------------------|
| 立   | (Instructions on ba   | ck of application)                          | SECRETAR 27 AM 9:08         |
| 1.  | The name of the limited liability c   | ompany is:                                  | SEGNETAL STOR               |
|     | 1   | Ms Amys Daycare LLC                         | STATE OF DAYO               |
| 2.  | The complete street and mailing a 2059 Spring Creek Dr Fruitland, Idah (Street Address)                 |   |                             |
|     | (Mailing Address, if different than street address  | )   |                             |
| 3.  | The name and complete street address of the registered agent:   |   |                             |
|     | Amy Warner  | 2059 Spring Creek Dr Fruitland, Idaho 83619 |                             |
|     | (Name)  | (Street Address)                            |                             |
| 4.  | The name and address of at least one member or manager of the limited liability company:  Name  Address |   |                             |
|     | Amy Warner  | 2050 Spring Crook D                         | r Fruitland, Idaho 83619    |
|     |   |   |                             |
| 5.  | Mailing address for future corresp<br>2059 Spring Creek Dr Fruitland, Idaho                             | ,   | ort notices):               |
|     | Future effective date of filing (option   | ,   |                             |
| -   | nature of a manager, member son.  | oi authonzed                                |                             |
| PUI | Ola Ollhuma   |   | Secretary of State use only |
| Sig | nature MMMMM  |   |                             |
| Typ | ped Name: Amy Warner  |   |                             |

IDANO SECRETARY OF STATE

93/27/2012 95:99

CK: 4313 CT: 268618 BH: 1317883
1 9 188.98 = 188.98 DRGAN LLC # 2

WU2462

Signature\_\_\_\_\_

Typed Name: \_\_\_\_\_