



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

For Office Use Only

**-FILED-**

File #: 0006158984

Date Filed: 3/12/2025 12:49:00 PM

1. The name of the entity is: Lindenwood Education System
2. The name which it shall use in Idaho is: Lindenwood Education System Corporation  
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
- |   |  |
|---|--|
| <input type="checkbox"/> Business Corporation   | <input type="checkbox"/> General Partnership   |
| <input checked="" type="checkbox"/> Nonprofit Corporation   | <input type="checkbox"/> General Cooperative Association   |
| <input type="checkbox"/> Limited Liability Partnership  | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input type="checkbox"/> Limited Liability Company  | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust           |
| <input type="checkbox"/> Other: _____<br>(Use "Other" only if your foreign entity type is not listed above, and enter the type here.) |  |

4. Jurisdiction of formation: Missouri  
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:  
209 S. Kingshighway St., St. Charles, MO 63301  
(Street Address)

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  
\_\_\_\_\_  
(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_  
(Address)

8. Name and street address of registered agent in Idaho:  
C T Corporation System 1555 W Shoreline Drive Boise Idaho 83702  
(Name and Address)


9. The name, capacity, and mailing address of at least one governor:

<u>Donald E. Tuttle</u>	<u>Chairman</u>	<u>209 S. Kingshighway St., St. Charles, MO 63301</u>
(Name)	(Capacity)	(Address)

<u>John Porter</u>	<u>Director</u>	<u>209 S. Kingshighway St., St. Charles, MO 63301</u>
(Name)	(Capacity)	(Address)

Secretary of State use only

Typed Name: Mark Falkowski

Signature: 

Capacity: Secretary

# STATE OF MISSOURI



**Denny Hoskins**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

I, DENNY HOSKINS, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

***LINDENWOOD EDUCATION SYSTEM***  
***N01423123***

was created under the laws of this State on the 24th day of February, 1853, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 30th day of January, 2025.

*Denny Hoskins*  
Secretary of State

Certification Number: CERT-01302025-0143

