

# State of Idaho

Office of the Secretary of State

## CERTIFICATE OF REGISTRATION

OF

**COUNCIL FOR ADULT AND EXPERIENTIAL LEARNING**

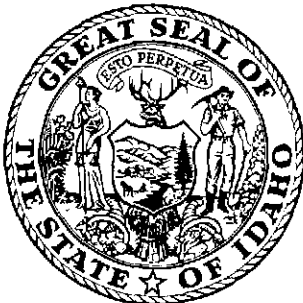
**dba COUNCIL FOR ADULT AND EXPERIENTIAL LEARNING, INC.**

File Number C 215898

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 8, 2017



*Lawrence Denney*  
SECRETARY OF STATE

By *Contra*



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2017 DEC -8 PM 12: 48

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: Council For Adult And Experiential Learning
2. The name which it shall use in Idaho is: Council For Adult And Experiential Learning, Inc.  
(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
- ☐ Other: \_\_\_\_\_  
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: District of Columbia  
(Provide the domestic jurisdiction where the entity was formed.)
5. The address of its principal office is:  
55 E Monroe Street Suite 2710 Chicago, IL 60603-5720  
(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:  
Registered Agents Inc. 784 S. Clearwater Loop STE R Post Falls, ID 83854  
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:  
Dorothy Wax VP Operation 55 E Monroe Street, Suite 2710 Chicago, IL 60603-5720  
(Name) (Capacity) (Address)  
\_\_\_\_\_  
(Name) (Capacity) (Address)

Typed Name: Dorothy Wax

Signature: *Dorothy Wax*

Capacity: VP, Operations

Secretary of State use only

IDAHO SECRETARY OF STATE

12/04/2017 05:00

CK:15584296 CT:172099 BH:1614505

1@ 100.00 = 100.00 FOR REG ST #2

C215898

IDAHO SECRETARY OF STATE

12/08/2017 05:00

CK:15669140 CT:172099 BH:1615390

1@ 20.00 = 20.00 EXPEDITE C #2

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
CORPORATIONS DIVISION



**C E R T I F I C A T E**

**THIS IS TO CERTIFY** that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this ***CERTIFICATE OF GOOD STANDING*** is hereby issued to

COUNCIL FOR ADULT AND EXPERIENTIAL LEARNING

**WE FURTHER CERTIFY** that the domestic filing entity is formed under the law of the District on 8/1/1979; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

**IN TESTIMONY WHEREOF I** have hereunto set my hand and caused the seal of this office to be affixed as of 11/30/2017 2:29 PM

Business and Professional Licensing Administration



A handwritten signature in cursive script, reading "Patricia E. Grays".

PATRICIA E. GRAYS  
Superintendent of Corporations  
Corporations Division

Muriel Bowser  
Mayor

Tracking #: EOJ846kE