

Signature:

Rev. 08/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2016 FEB -1 AM 10: 02

| Filing fee: \$100 type | ed, \$120 not typed | | SAINIED 3 MILIO, OF | |
|--|--|--------------------------------------|--------------------------------------|--|
| Complete and submit the application in <u>duplicate</u> . | | 2. | SECRETARY OF STATE STATE OF IDAHO | |
| The name of the limited liability company is: | | | STATE OF IDAHO | |
| Adaptive Skills, LLC | | | | |
| (Remember to include the wor | rds "Limited Liability Company," "Limite | ed Company," or the abbreviations t | L.C., LLC, or LC) | |
| The complete street and mai | iling addresses of the prin | cipal office is: | | |
| 3344 N. Gawaine Pl., Boise, | ID 83704 | | | |
| (Street Address) | | | | |
| (Mailing Address, if different) | | | | |
| The name and complete stre | et address of the register | ed agent: | | |
| Ralph Scott Knepper | 3344 N. Gawair | 3344 N. Gawaine Pl., Boise, ID 83704 | | |
| (Name) | (Address) | | | |
| The name and address of at | least one governor of the | limited liability company | u· | |
| Ralph Scott Knepper | east one governor of the limited liability company: 3344 N. Gawaine Pl., Boise, ID 83704 | | | |
| (Name) | (Address) | | | |
| | | | | |
| (Name) | (Address) | | | |
| | | | | |
| (Name) | (Address) | | | |
| | | | | |
| (Name) | (Address) | | | |
| Mailing addraga for futura co | rraenandanes (annuel sas | nort national: | | |
| Mailing address for future co 3344 N. Gawaine Pl., Boise, | , | out nouces). | | |
| (Address) | 10 001 04 | | | |
| | | | | |
| ature of organizer(s). | | Secretary of Sta | te use only | |
| ed Name: Steve Wieland, Attorney | | | • | |
| C | | | CRETARY OF STATE /2016 05:00 | |
| ature: Stalland | | CK:1009 CT: | 319714 BH:1511376 | |
| ad Nama: | | re ron.on = 3 | 100.00 ORGAN LLC #2 | |
| ed Name: | | | | |

W161661