



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

OCT 14 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

42 EDU LLC

2. The complete street and mailing addresses of the initial designated/principal office:

921 S. Orchard Suite G Boise, ID 83705

(Street Address)

(Mailing Address, if different than street address)

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

Registered Agent

Solutions, Inc.

(Name)

921 S. Orchard Suite G Boise, ID 83705

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Ron Olive

260 N. Dixie Dr. #12D St. George, UT 84770

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

R.A.S.I. 921 S. Orchard Suite G Boise, ID 83705

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature R. Olive

Typed Name: Ron Olive

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/14/2011 05:00
CK: 654820182 CT: 216210 BH: 1294210
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