

Katie Wagner

Printed Name:

Signature:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

## FILED EFFECTIVE

2018 AUG 3 | PM 1: 58

SECRETARY OF STATE STATE OF IDAHO

W 208022

The name of the limited liebility		OWIT OF IDAMO
	_	
. (Remember to include the word	s "Limited Liability Company," "Li	mited Company, "or the abbreviations E.L.C., LLC, or LC)
The complete street and mailing	addresses of the princip	pal office is:
1411 S. Goldking Way #107 E	Boise, ID 83709	
(Street Address)		
(Mailing Address, if different)		
The name and complete street a	ddress of the registered	agent:
Chrisean Christopher	1411 S. Goldking Way #107 Boise, ID 83709	
(Name)	(Address)	3 ,
The name and address of at leas	t one governor of the lim	nited liability company:
Chrisean Christopher	1411 S. Goldking Way #107 Boise, ID 83709	
(Name)	(Address)	3 444 2000, 12 00,00
Katie Wagner	4900 N. Lakeview Garden City, ID 83714	
(Name)	(Address)	
(Name)		
	(Address)	
(Name)	(Address)	
Mailing address for future corresp	ondence (annual report	notices):
<del></del>	oise, ID 83709	
(Address)		
ature of organizer(s).		
Printed Name: Chrisean Christopher		Secretary of State use only IDANO SECRETARY OF STATE
10001		08/31/2018 05:00
ture: Colothu		CK:1792 CT:251058 BH:1661921 16 100.00 = 100.00 ORGAN LLC #2
	Treasure Valley Montessori A  (Remember to include the word)  The complete street and mailing 1411 S. Goldking Way #107 E (Street Address)  (Mailing Address, if different)  The name and complete street at Chrisean Christopher (Name)  The name and address of at least Chrisean Christopher (Name)  Katie Wagner (Name)  (Name)  (Name)  Mailing address for future corresp 1411 S. Goldking Way #107 Be (Address)  ature of organizer(s).	(Mailing Address, if different)  The name and complete street address of the registered Chrisean Christopher (Name)  The name and address of at least one governor of the lime Chrisean Christopher (Name)  (Address)  Katie Wagner (Name)  (Address)  (Name)  (Address)  (Name)  (Address)  (Address)  (Name)  (Address)  (Address)  Mailing address for future correspondence (annual report 1411 S. Goldking Way #107 Boise, ID 83709 (Address)  Address)  Address  Address  Address