

Typed Name: \_\_\_\_\_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2010 JAN 15 PM 1: 42

SECRETARY OF STATE STATE OF IDAHO

<b>Q</b> 3	(Instructions of	(Instructions on back of application)		
1.	The name of the limited liability company is:  Coopalo Learning Center, LLC.			
2.	The complete street and mailing addresses of the initial designated office:  3424 Bogus Basin Road Boise Idaho 83702  (Street Address)			
	(Mailing Address, if different than street a			
3	·			
<b>J</b> .	The name and complete street address of the registered agent:			
	Karyn Kilpatrick-Snell		3424 Bogus Basin Rd Boise Idaho 83702	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u> Karyn Kilpatrick-Snell	0404f m m	Address	
	Nai yii Alipau ka-Sileti	3424 logus Basin H	3424 logus Basin Rd Boise Idaho 83702	
5.	Mailing address for future cor	respondence (annual re	port notices):	
	3424 Bogus Basin Rd Boise Idaho 83702			
_	F		····	
6.	Future effective date of filing	(optional):	W	
Sign	nature of a manager, memb	per or authorized		
•		-20 -10	Secretary of State use only	
Signature Karyn Llpatrick		wok- gnell	W133208	
Тур	ed Name: Karyn Kilpatrick-Snell		( 00(00	
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