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~~FILED EFFECTIVE~~**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

2014 SEP 16 PM 2:41

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Educational Support Services, LLC

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

5198 Palute circle, Boise, Idaho 83709

(Street Address)

(Mailing Address, if different than street address)

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

United States Corporation Agents, Inc.
(Name)950 Bannock Street, Suite 1100, Boise, ID 83702

(Street Address)

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

Name	Address
Maureen Karr	<u>5198 Palute circle, boise, Idaho 83709</u>
Gary Karr	<u>5198 Palute circle, boise, Idaho 83709</u>

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

5198 Palute circle, Boise, Idaho 83709

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Secretary of State use only

Typed Name: Cheyenne Moseley, Assistant
Secretary, LegalZoom.com, Inc.

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE

09/16/2014 05:00

CR:2223366 CT:172099 BH:1441560
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