## FILED EFFECTIVE



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2011 NOV 14 AM 9: 04

| 200          | (Instructions on back of  | of application)  SECRETARY OF STATE OF IDAHO   |                   |
|--------------|---|--|-------------------|
| 1.           | The name of the limited liability comp  |  |                   |
|              |   | Academind LLC  |                   |
| 2.           | •   | resses of the initial designated/principal office:   |                   |
|              | (Street Address)  |  |                   |
|              | (Mailing Address, if different than street address)                                   |  |                   |
| 3.           | The name and complete street addre  | ss of the registered agent:  |                   |
|              | Ryndon Ricks  | 415 Church St., Newdale, ID 83436  |                   |
|              | (Name)  | (Street Address)   |                   |
| 4.           | The name and address of at least on company:  | e member or manager of the limited liability   |                   |
|              | <u>Name</u>   | Address  |                   |
|              | Ryndon Ricks  | 415 Church St., Newdale, ID 83436  |                   |
|              | Virgil Ricks  | 415 Church St., Newdale, ID 83436  |                   |
|              |   |  |                   |
| 5.           | Mailing address for future correspond   | dence (annual report notices):<br>th St., Newdale, ID 83436  |                   |
| <b>6</b> .   | Future effective date of filing (options  | nl):   |                   |
| _            | nature of organizer(s). (An organizer is a l<br>ng in behalf of a member or members). | nember, or is  |                   |
| Oi-          | Constant Man  |  |                   |
| oig<br>Tvr   | nature GDOLOOPovlan<br>ned Name: Jessica Porter                                       |  |                   |
| , <b>y</b> þ | ew (value,  | Weight State of the state of th |                   |
| Sig          | nature  | 4 07/25  |                   |
| _            | ed Name:  | LER THOUSE CENTER OF CITE  | TE<br><b># 00</b> |

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