

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 FED -1 Fil 3: 19

A LE	(Instructions on back of application)			STATE OF IDAHO			
1.	The name of the limited liability compar	ny is:		21416	. 01 12		
2	Laureh Pad Preschool	,		nated/nrin	cinal office:	-	
4.	2. The complete street and mailing addresses of the initial designated/principal office:						
	(Street Address)	13015C	TD 8	3 709		-	
	(Mailing Address, if different than street address)					-	
3.	The name and complete street address of the registered agent:						
	Bridget C. Barrus	11 203 Street Addres	Humming boro	7 Dr.	Boin ID	₹37 09	
The name and address of at least one member or manager of the limited liability company:							
	Name		Addre	255	708-283-	9 <i>5</i> 02	
	Bridget C. Barrus	11203	Humming bri	rd Dr.	Bija ID	8370	
	Bridget C. Barrus Benjama Er Barrus	U253	Homeningby	40~	Boise ED	53 70	
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5. Mailing address for future correspondence (annual report notices):							
	same as above					- [
6.	Future effective date of filing (optional):					_	
_	nature of a manager, member or aut	thorized					
per	son.		Se	cretary of Sta	ite use only)	
Sig	nature						
	ed Name:		<u>.</u>				
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