



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2017 FEB -1 AM 9:06

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Play Learn Excel Concepts LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

470 N 3421 E; Lewisville, Idaho 83431

(Street Address)

P.O. Box 222; Lewisville, Idaho 83431

(Mailing Address, if different)

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

Gail Ann Griffin

470 N 3421 E; Lewisville, Idaho 83431

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Gail Ann Griffin

470 N 3421 E; Lewisville, Idaho 83431

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

P.O. Box 222; Lewisville, Idaho 83431

(Address)

Signature of organizer(s).

Signature:

*Gail Ann Griffin*

Printed Name: Gail Ann Griffin

Signature:

Printed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

02/01/2017 05:00

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