

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT 16 AM 9: 17

A TO	SECRETARY OF STATE STATE OF IDAHO
1. The name of the limited liability compa	
LDP	Academy LLC
2. The complete street and mailing address	sses of the initial designated/principal office:
•	eek Rd. Troy, ID 83871
(Street Address) P.O. Box	721 Troy, ID 83871
(Mailing Address, if different than street address)	
3. The name and complete street address	s of the registered agent:
Michael C. Brown	1018 Dry Creek Rd. Troy, ID 83871
(Name) (S	Street Address)
The name and address of at least one company:	member or manager of the limited liability
Name Name	Address
Michael C. Brown	P.O. Box 721 Troy, ID 83871
K.W. Hipps	18351 SR 194 Pullman, WA 99163
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5. Mailing address for future corresponde	rice (annual report notices): 721 Troy, ID 83871
F.O. BOS	721 Hoy, 10 63671
6. Future effective date of filing (optional):	e de la companya de La companya de la companya de
o. I didie encouve date of ming (opportur).	
Signature of organizer(s). (An organizer is a me	amhar ar ie
acting in behalf of a member or members).	ander, or is
•	Secretary of State use only
Signature 2	
Typed Name: Michael C. Brown	[8]
1/11/12	2008
Signature Med Happy	IDAHO SECRETARY OF STATE
Typed Name: K.W. Hipps	CK: 7140 CT: 230516 BH: 1140333 1 0 108.00 = 180.00 ORGAN LLC #

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