



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

2016 JAN -6 AM 8:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

AMIE'S DAY CARE, 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:

423 18TH AVE SO NAMPA, ID 83651

(Street Address)

(Mailing Address, if different)

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

Tax Management Services, llc 1224 7th St S Nampa, ID 83651

(Name)

(Address)

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

AMIE OJEDA 423 18TH AVE SO NAMPA, ID 83651

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1224 7TH ST S NAMPA, ID. 83651

(Address)

Signature of organizer(s).

Printed Name: AMIE OJEDA

Signature: Amie Ojeda

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/06/2016 05:00

CK:17312434639 CT:250822 BH:1507294

1@ 100.00 = 100.00 ORGAN LLC #2

W160507