

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2004 OCT 18 AM 9:51

_			STATE OF IDAHO
1.	The name of the limited liability con	npany is:	STATE OF IDAMO
	CAT AND FIDDLE PRESCHOOL	, LLC	
2.	The street address of the initial registered office is:		
	420 GULLANE CR IDAHO FALLS, ID 83401		
	and the name of the initial registered		
	JANA MAIO	a agent at the above a	address is:
•			
3.	The mailing address for future correspondence is:		
	420 GULLANE CR IDAHO FALLS	S, ID 83401	
4.	Management of the limited liability co	ompany will be vested	din:
	Manager(s) or Member(s)		
	If management is to be vested in one address(es) of at least one initial ma member(s), list the name(s) and add	Nager It managemer	atic to be upped at the street
	(-)	. 000(00) 01 41 10431 01	io miliai member.
	Name	. 000(00) 01 01 10031 01	Address
			Address
	Name	420 GULLANE CR	Address RIDAHO FALLS, ID 83401
	JANA MAIO	420 GULLANE CR	Address RIDAHO FALLS, ID 83401
	JANA MAIO	420 GULLANE CR	Address RIDAHO FALLS, ID 83401
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	JANA MAIO	420 GULLANE CR	Address RIDAHO FALLS, ID 83401
	JANA MAIO JOAN RALPHS	420 GULLANE CR 10NA PO BOX 428 INO	Address R IDAHO FALLS, ID 83401 A, ID 83427
). S	JANA MAIO  JOAN RALPHS  Signature of at least one person response	420 GULLANE CR 10NA PO BOX 428 INO	Address R IDAHO FALLS, ID 83401 A, ID 83427
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Si Si Ca Sig	JANA MAIO  JOAN RALPHS  Signature of at least one person response gnature:  ANA MAIO  Apacity: MEMBER  Analytical gnature  Analytical gnature  Analytical gnature  Analytical gnature  Analytical gnature	420 GULLANE CR 10 NA PO BOX 428 INO	Address R IDAHO FALLS, ID 83401 A, ID 83427  Photographic distribution of State use only
Si Si Ty Ca Si Ty	JANA MAIO  JOAN RALPHS  Signature of at least one person response gnature:  Sped Name: JANA MAIO  Apacity: MEMBER	420 GULLANE CR 10NA PO BOX 428 INO	Address R IDAHO FALLS, ID 83401 A, ID 83427

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