



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 JAN -6 PM 2: 27

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Online ACLS Certificate LLC

2. The complete street and mailing addresses of the initial designated office:

110 N Front Rd Kamiah ID 83536

(Street Address)

PO Box 643 Kamiah ID 83536

(Mailing Address, if different than street address)

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

Sharon L Simler

(Name)

110 N Front Rd Kamiah ID 83536

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

NameAddress

Sharon L Simler

110 N Front Rd Kamiah ID 83536

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

PO Box 643 Kamiah ID 83536

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Sharon L SimlerTyped Name: Sharon L Simler

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/06/2015 05:00

CK:1202 CT:93963 BH:1455807

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