

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 AUG 13 AM 9: 02

(Instructions on back of application)

| | SECTION OF |
|---|---|
| The name of the limited liability co | ompany is: STATE OF I |
| | ght Stars Academy LLC |
| The complete street and mailing a | ddresses of the initial designated/principal office: |
| 7175 W. Ring Perch Drive, Boise ID 837 | 709 |
| (Street Address) | |
| (Mailing Address, if different than street address) | |
| The name and complete street ad | |
| | |
| Linda Pullicar | 7175 W. Ring Perch Drive, Boise ID 83709 (Street Address) |
| (Name) | (Ollect Mulicos) |
| The mount and address of atlant | one member or manager of the limited liability |
| | One member of manager of the manager |
| company: | <u>Address</u> |
| | 7175 W. Ring Perch Drive, Boise ID 83709 |
| Linda Pullicar | |
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| | |
| Mailing address for future corresp | oondence (annual report notices): |
| 7175 W. Ring Perch Drive, Boise ID 83 | |
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| ه ه مستون د د در چی | i-mal): |
| Future effective date of filing (opt | gonal). |
| | |
| nature of a manager, member | or authorized |
| | |
| son. | Secretary of State use only |
| P-011.11 | Land |
| nature Months | |
| ped Name: Linda Pullicar | |
| · · · · · · · | |

cert_org_lic Rev. 07/2010

Signature_____

Typed Name: _____

IDAHO SECRETARY OF STATE

98/13/2010 95:00

CK: 533 CT: 232714 BH: 1234637
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