FILED EFFECTIVE



Capacity: ____

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY and AUG 27 AM 8: 45

# 0 F O	(Instructions on back	of application)	SIATE
1. The na	me of the limited liability comp	pany is:	STATE OF IDAHO
Alpha	Omega Developmental Pres	school & Childcare,	L.L.C.
2. The str	eet address of the initial regist	tered office is:	
510 S	outh Adams, Jerome, Idaho	83338	
and the	name of the initial registered	agent at the above a	address is:
Jeann	na Boer		
3. The ma	illing address for future corres	pondence is:	
466 S	outh 200 West, Jerome, Idah	ю 83338	
4. Manage	Management of the limited liability company will be vested in:		
Manage	_	· -	
address	gement is to be vested in one s(es) or at least one initial mar r(s), list the name(s) and addr	nager. If managemen	nt is to be vested in the
	Name		Address
Jeann	a Boer	466 South 200 We	est, Jerome, Idaho 83338
Kevin	Boer	466 South 200 We	est, Jerome, Idaho 83338
-			
6 6:	De -444		
o. Signatur Signature	re of at least one person respo	onsible for forming the λ	e limited liability company:
•	ame: Deanna Boer	sporuce s	Secretary of State use only
Capacity			
	Memper		
Signature	!	SELL C'formstertsoforganization.p65	IDAHO SECRETARY OF ST

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