CERTIFICATE OF ORGANIZAT	こげ ちり ただだたんすい/ご !
(Instructions on back of application)	SECRETARY OF STATE
1. The name of the limited liability company is:	STATE OF IDAHO
Spirit West Educational Partners, LLC	
2. The complete street and mailing addresses of the initi 2241 Ridgeview Way	ial designated/principal office:
(Street Address) Boise, ADA , Idhao 83712	
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
Tom Burns 2241 Ridg	eview Way, Boise, ID 83712
(Name) (Street Address)	
4. The name and address of at least one member or manager of the limited liability company:	
Name	Address
Tom Burns 2241 Ridg	eview Way, Boise, ID 83712
5. Mailing address for future correspondence (annual report notices): 2241 Ridgeview Way Boise, ID 83712	
	······································
6. Future effective date of filing (optional):	1
•	
Signature of organizer(s). (An organizer is a member, or is	
acting in behalf of a member or members).	Secretary of State use only
Signature Touchand	
Signature Tom Burns Burns   Typed Name: Tom Burns Burns   Typed Name: Tom Burns Burns	W 87086
(emistic	IDANO SECRETARY OF STATE
Signature	09/21/2009 05 ±00 CK: CASH CT: 248746 BH: 1187947 1 @ 199.88 = 199.90 ORGAN LLC # 2
Typed Name:	. < 100,00 ≈ 150,00 ORGAN LLC # 2
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