

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 AUG -7 AM 8: 28

SECRETARY OF STATE

1.	The name of the limited liability con	npany is: STATE OF IDAHO
	Bette	r Way Financial, L.L.C.
2.	3254 Ridge F	dresses of the initial designated/principal office:
,	(Street Address)	
	(Mailing Address, if different than street address)	
3.	and complete officer address of the registered agent;	
	Gary Leavitt	3254 Ridge Place, Twin Falls, Idaho 83301
	(Name)	(Street Address)
4.	company:	ne member or manager of the limited liability
	Name	<u>Address</u>
	Gary Leavitt	3254 Ridge Place, Twin Falls, Idaho 83301
5 1	Mailing address for fature	
J. r	Mailing address for future correspondence (annual report notices):	
	3254 Ridge Pla	ice, Twin Falls, Idaho, 83301
	*	
б. F	future effective date of filing (optional):
	•	
Signa	ature of organizer(s). (An organizer is a m	ember, or is
acting	in behalf of a member or members).	
Signa	ature Stews	Secretary of State use only
Турес	d Name: Gary Leavitt	IDAHO SECRETARY OF STATE OB/O7/2008 05:00 CK: 15386 CT: 186291 BH: 113868 1 9 180.80 = 180.80 ORGAN LICE
Signa	ture	IDAHO SECRETARY OF STATE
_	Name:	——
71-00		E