

FILED EFFECTIVE

251



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

12 FEB 13 AM 11:00

RECEIPT OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

RC'S Auto Credit, LLC.

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

363 2nd Ave South

(Street Address)

Twin Falls, Id 83301

(Mailing Address, if different than street address)

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

Robert D McMillen

(Name)

1337 Silver Creek Way Twin Falls, ID, 83301

(Street Address)

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

NameAddress

Robert D McMillen

1337 Silver Creek Way Twin Falls, ID. 83301

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

363 2nd Ave S Twin Falls ID 83301

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

Signature of a manager, member or authorized person.

Signature Robert D McMillen

Typed Name: Robert D McMillen

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/13/2012 05:00
CK: 982535 CT: 172099 BH: 1310286
1 E 100.00 = 100.00 ORGAN LLC # 2
1 E 20.00 = 20.00 EXPEDITE C # 3

W110983