



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV -7 AM 10:11

1. The name of the limited liability company is:

Attorneys Choice Services LLC.

SECRETARY OF STATE
STATE OF IDAHO

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

1906 Lemhi St Boise, Idaho 83705

(Street Address)

P O Box 5067 Boise, Idaho 83705-0067

(Mailing Address, if different than street address)

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

Rocky J Jorgensen

(Name)

1906 Lemhi St Boise, Idaho 83705

(Street Address)

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

Name

Address

Rocky J Jorgensen

1906 Lemhi St Boise, Idaho 83705

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

P O Box 5067 Boise, Idaho 83705-0067

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____

Typed Name: Rocky J Jorgensen

Signature _____

Typed Name: _____

Secretary of State use only

scorpformllc form0001 org llc PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
11/07/2008 05:00
CK: CASH CT: 231262 BH: 1143554
1 @ 100.00 = 100.00 ORGAN LLC # 2

W79044