



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR 27 AM 9:05

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MORTGAGE SERVICES LLC.

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

1052 W. MILL AVE. COEUR D'ALENE, ID 83814
(Street Address)

(Mailing Address, if different than street address)

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

AUSTIN GARRETT
(Name)

2909 N. HOWELL RD, POSTFALLS, ID 83854
(Street Address)

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

Name	Address
<u>SEAN MCCOY</u>	<u>2028 W. TWINKLING STAR RD, POSTFALLS, ID 83854</u>
<u>MATTHEW SMITH</u>	<u>702 S. SHORELINE CT. POSTFALLS, ID 83854</u>
<u>AUSTIN GARRETT</u>	<u>2909 N. HOWELL RD POSTFALLS, ID 83854</u>

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

1052 W. MILL AVE. COEUR D'ALENE, ID 83814

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 [Signature]
Typed Name: AUSTIN GARRETT

Signature _____
Typed Name: _____

Secretary of State use only

8-corpformsLLC forms/cert_org_llc.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
04/27/2009 05:00
CK: 5165 CT: 195909 BN: 1167751
1 @ 100.00 = 100.00 ORGAN LLC # 2

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