

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

O7 SEP 27 PM 12: 49

SECRETARY OF STATE

<ol> <li>The name of the limited liability</li> <li>LFS, LLC</li> </ol>	ly company is:	4	STATE OF IDAHO
<ol> <li>The street address of the initia</li> <li>Beast Broadway, Suite 202</li> </ol>	-		
and the name of the initial regi	stered agent at th	e above addı	ress is:
30 East Broadway, Suite 202			
4. The limited liability company w	vill be:		
Manager-managed or M	ember-managed	✓ (please	check the appropriate box)
If manager-managed, list the r If member-managed, list the n Name Liberty Financial Solutions, 1	ame(s) and addre	ess(es) of at lo	east one initial member.  dress  2, Meridian, Id 83642
Liberty Financial Solutions, 1	JO L. DIOC	duway, Olo 20	72, Horidan, 10 00042
	- A Araman		
6. Signature of at least one pers	on responsible for	forming the	limited liability company:
Signature:			Secretary of State use only
Typed Name: JOHN DO	<u> </u>	zation.p	
Capacity: Member		Boforgani	
Signature		omski i C. formsbertsoforganization prid Revised 09/2007	IDAHO SECRETARY OF STATE 09/27/2007 05:0
Typed Name:		Revised	CK: 7456 CT: 69126 BH: 18778
Capacity:	•	<b>9</b>	

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