



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 AUG 18 AM 8:02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Capital Funding NW, LLC

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

5050 E Frazier Dr, Post Falls, ID 83854

(Street Address)

2600 E Seltice Way, A236, Post Falls, ID 83854

(Mailing Address, if different than street address)

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

Stephanie Kilpatrick

(Name)

5050 E Frazier Dr, Post Falls, ID 83854

(Street Address)

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

Name

Address

Stephanie Kilpatrick

PO Box 2281, Post Falls, ID 83877

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

2600 E Seltice Way, A236, Post Falls, ID 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature: Stephanie Kilpatrick

Typed Name: Stephanie Kilpatrick

Signature: _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/18/2010 05:00

CK: 1656 CT: 250492 BH: 1235233

1 @ 100.00 = 100.00 ORGAN LLC # 2

1 @ 20.00 = 20.00 EXPEDITE C # 3

cert_org_llc Rev. 07/2010

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