



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2013 JUL 30 PM 2:56

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Xtreme Finance LLC

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

2615 E Aspenwood Ct, Eagle Idaho 83616

(Street Address)

(Mailing Address, if different than street address)

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

Chad Longson

(Name)

2615 E Aspenwood Ct, Eagle Idaho 83616

(Street Address)

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

**Name**

**Address**

Chad Longson

2615 E Aspenwood Ct, Eagle Idaho 83616

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

2615 E Aspenwood Ct, Eagle Idaho 83616

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Chad Longson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/30/2013 05:00  
CK: 1495855 CT: 172099 DH: 1304104  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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