

Signature_

Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 OCT 15 AM 9: 49

	(motractions on pac	k of application	•	
1.	The name of the limited liability co	mpany is:	SECRETARY OF STATE	
	ALLOY FINANCIAL SERVICES, LLC		STATE OF IDAHO	
2.	The complete street and mailing addresses of the initial designated office: 15 WEST MAIN STREET, REXBURG, ID 83440			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	SCOTT SMITH	15 WEST MAI	N STREET, REXBURG, ID 83440	
	(Name) (Street Address)			
4.	The name and address of at least one member or manager of the limited liability company:			
	Name SCOTT SMITH		<u>Address</u>	
	SCOTT SMITH	15 WEST MAII	N STREET, REXBURG, ID 83440	
	_			
). N	Mailing address for future correspondence (annual report notices):			
	15 WEST MAIN STREET, REXBURG, ID 83440			
. F	uture effective date of filing (option	al):		
gna erso	ature of a manager, member or in.	authorized		
an-			Secretary of State use only	
	Name: SCOTT SMITH			
pe	Name: SCOTT SMITH			

IDAHO SECRETARY OF STATE

10/15/2013 05:00

CK: 750 CT: 288515 BH: 1393812

1 0 100.00 = 100.00 ORGAN LLC # 2

1 0 20.00 = 20.00 EXPEDITE C # 3