



# CERTIFICATE OF ORGANIZATION EFFECTIVE LIMITED LIABILITY COMPANY

2013 AUG 15 AM 9:02

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Reliable Recovery, LLC.

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

51 Cliftyview Rd., Bonners Ferry, Idaho 83805

(Street Address)

P.O. BOX 731, BONNERS FERRY, IDAHO 83805

(Mailing Address, if different than street address)

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

MS. LINDA CHARPIED

(Name)

51 Cliftyview Rd.  
Bonners Ferry, ID 83805SAME AS ABOVE.

(Street Address)

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

NameAddressRAYMOND HOSLETTSAME AS ABOVE.PO Box 731, Bonners Ferry ID 83805

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

P.O. BOX 731, BONNERS FERRY, IDAHO 83805

6. Future effective date of filing (optional): N/A.

Signature of a manager, member or authorized person.

Signature

Linda CharpiedTyped Name: LINDA CHARPIED

Signature

Raymond HoslettTyped Name: RAYMOND HOSLETT

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/15/2013 05:00  
CK: 21124243427 CT: 206455 BH: 1386267  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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