



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT -8 PM 4:50

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Asset Recovery Management Services, LLC

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

1318 Autumn Wind Dr., Nampa, ID 83687

(Street Address)

(Mailing Address, if different than street address)

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

Wilfried Leammon

(Name)

1318 Autumn Wind Dr., Nampa, ID 83687

(Street Address)

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

**Name**

**Address**

Wilfried Leammon

1318 Autumn Wind Dr., Nampa, ID 83687

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

1318 Autumn Wind Dr., Nampa, ID 83687

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Wilfried Leammon

Signature

Typed Name:

Secretary of State use only

Idaho LLC form/cert. org. 1c-PMD  
Revised 07/2008

IDAHO SECRETARY OF STATE

10/09/2008 05:00

CK: CASH CT: 227831 BH: 1139397  
1 @ 20.00 = 20.00 EXPEDITE C # 2

IDAHO SECRETARY OF STATE

10/09/2008 05:00

CK: 1121 CT: 227831 BH: 1139396

1 @ 100.00 = 100.00 ORGAN LLC # 1

W78276