



**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

FILED
2002 NOV - 7

NOV -7 AM 8:35

NOTE

1. The name of the limited liability company is:

Idaho Stateline Title Loan, L.L.C.

2. The street address of the initial registered office is:

3920 W. 5th Avenue, #A-2, Post Falls, ID 83854

and the name of the initial registered agent at the above address is:

Jerry Mote

3. The mailing address for future correspondence is:

3920 W. 5th Avenue, #A-2, Post Falls, ID 83854

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name

Address

Jerry Mote

3594 W. Fairway Dr., Coeur d'Alene, ID 83815

6. Signature of ~~a~~ least one person responsible for forming the limited liability company:

Signature: Stacy Mott

Typed Name: Jerry Mote

Capacity: Member

Signature _____

Typed Name:

Capacity:

Secretary of State use only

Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE
11/07/2002 05:00
CK: 2207 CT: 24485 BH: 644774
1 @ 100.00 = 100.00 ORGAN LLC # 2

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