



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 FEB 18 PM 2:34

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Absolute Bail Bonds LLC

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

220 N 5TH ST. W. Homedale, Idaho 83628

(Street Address)

P.O.Box 123 Homedale, Idaho 83628

(Mailing Address, if different than street address)

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

Walter Almaraz

(Name)

220 N. 5TH. St. W. Homedale, ID 83628

(Street Address)

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

Name

Address

Walter Almaraz

220 N. 5TH ST. W. Homedale, ID 83628

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

P.O.Box 123 Homedale, ID 83628

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:

Walter Almaraz

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
02/18/2010 05:00
CK: CASH CT: 245064 BH: 1206711
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