

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

08 AUG -8 AM 10: 42

(Instructions on back of application)

1. The name of the limited liability company is	SECRETARY OF STATE STATE OF IDAHO
Optimum Life Se	ettlements, LLC
The complete street address, and mailing a principal office:	ddress if different, of the initial designated/
280 W. 2nd St., Ketc	hum, Idaho 83340
The name of the commercial registered age address of the non-commercial registered age	nt; or the name and complete street gent:
Dan Davis 502 4th Ave.	South, Hailey, Idaho 83340
The name and address of at least one meml company:	ber or manager of the limited liability
<u>Name</u>	Address
Dan Davis	280 W. 2nd St., Ketchum, Idaho 83340
5. Mailing address for future correspondence (a	Inpus report notices):
280 W. 2nd St., Ketch	um, Idaho 83340
6. Future effective date of filing (optional):	
Signature of an organizer(s). (An organizer is a member is acting in behalf of a required, and existing, initial member members).	ber
Signature Signature	Secretary of State use only
Typed Name: Kana Figueroa, Assistant Secretary	8 8 Port or
Signature	IDAHO SECRETARY OF STATE 80020
Typed Name:	1 @ 100.00 = 100.00 ORSAN LL(

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