



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**2015 MAY 21 AM 8:30**

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

APPRAISAL DEPT. LLC.

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

1557 E. 97 N. IDAHO FALLS, IDAHO 83401

(Street Address)

PO BOX 72 UCON, IDAHO 83454

(Mailing Address, if different than street address)

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

KEVIN FRANCK

(Name)

1557 E 97 N IDAHO FALLS, IDAHO 83401

(Street Address)

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

Name

KEVIN FRANCK

Address

1557 E 97 N IDAHO FALLS, IDAHO 83401

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

PO BOX 72 UCON, IDAHO 83454

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Kevin Franck*

Typed Name:

KEVIN FRANCK

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

05/21/2015 05:00

CK:1013 CT:292428 BH:1476444

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