Signature_

Typed Name:



09 JUN -8 AM 8: 57

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

FILED EFFECTIVE

 The name of the limited liability co 	ompany is:
CAPITA	L MEDIATION SERVICES LLC
2. The complete street and mailing a	addresses of the initial designated/principal office:
913 W. RIVEF	R ST., SUITE 420, BOISE, ID 83702
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street ad	dress of the registered agent:
STEVEN L. HERNDON (Name)	913 W. RIVER ST. SUITE 420 BOISE, ID 83702 (Street Address)
The name and address of at least company:	one member or manager of the limited liability
<u>Name</u>	Address
STEVEN L. HERNDON	1544 E. FEATHER VIEW DR., EAGLE, ID 83616
5. Mailing address for future correspond	ondence (annual report notices):
913 W. RIVE	ER ST. STE 420, BOISE, ID 83702
6. Future effective date of filing (option	onal):
Signature of organizer(s). (An organizer is acting in behalf of a member or members).	s a member, or is
Change the	Secretary of State use only
Signature / / ///// STEVEN L. HERND	IDAHO SECRETARY OF STATE STATE

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