



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAR 24 AM 9:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Diversified Recovery Associates, LLC

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

372 S. Eagle Rd., Eagle, ID 83629

(Street Address)

(Mailing Address, if different than street address)

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

Lois K. Murphy

(Name)

220 Old Highway 55, Horseshoe Bend, ID 83629

(Street Address)

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

Name

Address

Lois K. Murphy

220 Old Highway 55, Horseshoe Bend, ID 83629

William C. Murphy

220 Old Highway 55, Horseshoe Bend, ID 83629

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

372 S. Eagle Rd., Eagle, ID 83629

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Lois K. Murphy, Manager

Signature

Typed Name: William C. Murphy, Manager

Secretary of State use only

IDAHO SECRETARY OF STATE
03/24/2014 05:00
CK: 1177 CT: 99630 BH: 1416787
1 @ 100.00 = 100.00 ORGAN LLC # 2

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