

Capacity: _

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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ate box)	
st the name(s) and s to be vested in the initial member.	
Address	
indpoint, ID 83864	
limited liability company:	
Secretary of State use only	1

١.	The name of the limited liability comp	any is:	STATE OF DAY 10		
	Money Solutions LLC				
2.	The street address of the initial registe				
	417 Willow Lane, Sandpoint, ID 83				
	and the name of the initial registered	agent at the ab	pove address is:		
	Christin Pucci				
3.	The mailing address for future correspondence is:				
	417 Willow Lane, Sandpoint, ID 83	864			
4.	Management of the limited liability company will be vested in:				
	Manager(s) or Member(s) (please check the appropriate box)				
_	If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.				
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	address(es) or at least one initial mar member(s), list the name(s) and addr Name Christin Pucci	417 Willow I	Address _ane, Sandpoint, ID 83864		
6.	address(es) or at least one initial mar member(s), list the name(s) and address. Name Christin Pucci Signature of at least one person resp	417 Willow I	Address _ane, Sandpoint, ID 83864		
6.	address(es) or at least one initial mar member(s), list the name(s) and address. Name Christin Pucci Signature of at least one person resp.	417 Willow I	Address _ane, Sandpoint, ID 83864 ming the limited liability company:		
6.	Address(es) or at least one initial mar member(s), list the name(s) and addrest Name Christin Pucci Signature of at least one person resp Signature: Chris Mershon	417 Willow I	Address _ane, Sandpoint, ID 83864 ming the limited liability company:		
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