

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAR 11 AM 8:53

1.	The name of the limited liability comp	pany is: SECHETARY OF STATE STATE OF IDAHO
	Averti	Fraud Solutions, LLC
2.	The complete street and mailing addr	resses of the initial designated/principal office:
		2511 W. MR Ct.
	(Street Address)	ampa, ID 83686
	(Mailing Address, if different than street address)	
3.	The name and complete street address	ss of the registered agent:
	Murphy Law Office, PLLC	847 E. Fairview Ave., Meridian, ID 83642
	(Name)	(Street Address)
4.	company:	e member or manager of the limited liability
	<u>Name</u> Den <del>î</del> se C. McClure	<u>Address</u> 2511 W. Mill Ct., Nampa, ID 83886
	Dense C. McCrate	2311 FT. Mill OL, Manipa, ID GOOD
	·	
<b>5</b> .	Mailing address for future correspondence (annual report notices):	
	2511 W. M	iiii Ct., Nampa, ID 83686
		,
6.	Future effective date of filing (optional	l):
Sigi	nature of organizer(s). (An organizer is a m	nember, or is
actir	ng in behalf of a member or members).	Secretary of State use only
	The Maria	Secretary of State due only
	nature ) Lux( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- William Control of the Control of
Тур	ed Name: Denise C. McClure, Memb	<u> </u>
		Der STATE  1DAHD SECRETARY OF STATE  23/11/2018 65:90  CK: 6589 CT: 136571 BH: 121213  1 8 188.88 = 188.88 ORBAN LLC
Sigi	nature	CK: 6589 CT: 136571 BH: 121213
Tvn	ed Name:	E