

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

E X	(Instructions on back of	application)
1.	The name of the limited liability compa	ny is:
٠	CardPro Credit Affiliates LLC	
2.	The street address of the initial register	ed office is:
	525 Park Avenue, Suite 2A, Idaho Falls, Idaho 83402	
í	and the name of the initial registered ag	gent at the above address is:
	Gary Bruce Rose	
3.	The mailing address for future correspondence is:	
	P.O. Box 50050, Idaho Falls, Idaho 8	3405
4.	The limited liability company will be:	
• •	• • •	anaged (please check the appropriate box)
	Manager-managed [] or Member-ma	
ľ	Manager-managed [] or Member-ma	
5. I	If manager-managed, list the name(s) a	and address(es) of at least one initial manager. and address(es) of at least one initial member.
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5. I	If manager-managed, list the name(s) are member-managed, list the name(s) are Name Gary Bruce Rose 40	and address(es) of at least one initial manager. Address 9 Ruth Avenue, Idaho Falls, ID 83401
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5. I 5. I 7. C	If manager-managed, list the name(s) at the mame(s)	sible for forming the limited liability company: Secretary of State use only Secretary of State use only 100400 SECRETARY OF STATE 101410 SECRETARY OF STATE 101410 SECRETARY OF STATE 101410 SECRETARY OF STATE