



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
08 NOV 20 AM 8:36
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Alternative Funding Retirement Plan, LLC

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

1267 Filer Ave. E. Twin Falls, Idaho 83301
(Street Address)

PO Box 1785 Twin Falls, Idaho 83303
(Mailing Address, if different than street address)

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

Mitch R. Campbell
(Name)

3502 N. 3000 E. Twin Falls, Idaho 83301
(Street Address)

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

Name

Address

Mitch R. Campbell

PO Box 1785, Twin Falls, Idaho 83303

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

PO Box 1785, Twin Falls, Idaho 83303

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Mitch R. Campbell

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
11/20/2008 05:00
CK: 1052 CT: 218248 BH: 1145243
1 @ 100.00 = 100.00 ORGAN LLC # 2

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