

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR 10 AM 8:18

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is:

BEST BANKRUPTCY SERVICE, PLLC

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

3350 Americana Terrace, Ste. 243, Boise, Idaho 83706

(Street Address)

943 W. Overland Rd., Ste. 133, Meridian, ID 83642

(Mailing Address, if different than street address)

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

Brian J. Coffey

943 W. Overland Rd., Ste. 133

(Name)

(Street Address)

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

Name

Address

Brian J. Coffey

943 W. Overland Rd., Ste. 133, Meridian, ID 83642

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

943 W. Overland Rd., Ste. 133, Meridian, ID 83642

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

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: ATTORNEYS AT LAW

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature _____

Typed Name: _____

Brian J. Coffey

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
04/10/2009 05:00
CK: 1194 CT: 220049 DH: 1165339
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