



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JUN -8 PM 2:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

AS Recovery LLC

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

802 W. Bannock St., Suite 204, Boise, Idaho, 83702

(Street Address)

(Mailing Address, if different than street address)

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

David Arkoosh

(Name)

802 W. Bannock, Suite 204, Boise, Idaho, 83702

(Street Address)

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

Name

Address

David Arkoosh

802 W. Bannock, Suite 204, Boise, Idaho, 83702

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

802 W. Bannock Street, Suite 204, Boise, Idaho, 83702

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: David Arkoosh

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

06/08/2015 05:00

CK:2912576 CT:172099 BH:1478890

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