

CERTIFICATE OF ORGANIZATION I IMITED LIABILITY COMPANY

	OF ORGANIZA ABILITY COMPA	$J_{J,H_{B}}$	
(Instructions on back of application)		SECRETAIN AM 9:41	
1. The name of the limited lia	ability company is:	VATE OF RESTATE	
Swassing Financial Advanced	•	1/4/01/2	
2. The complete street and m 456 South Grant Ave, Pocatell (Street Address)		nitial designated office:	
(Mailing Address, if different than street	et address)		
3. The name and complete st	reet address of the regis	tered agent:	
Frank Swassing	456 South Grant	456 South Grant Ave, Pocatello, ID 83204	
(Name)	(Street Address)	(Street Address)	
The name and address of a company:	at least one member or n	nanager of the limited liability	
Name		<u>Address</u>	
Frank Swassing	456 South Grant	Ave, Pocatello, ID 83204	
	· · · · · · · · · · · · · · · · · · ·		
5. Mailing address for future of 456 South Grant Ave, Pocatello		report notices):	
6. Future effective date of filin	g (optional):		
Signature of a manager, men	mber or authorized		
		Secretary of State use only	
Signature Frank Swassing			
Typed Name: Frank Swassing			
Signature		IDAHO SECRETARY OF STATE	

CK: 6008 CT: 257461 BH: 1382088 1 8 100.00 = 100.00 ORGAN LLC # 2

W127240

Typed Name: