

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN -1 AM 9:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ROBINSON APPRAISAL SERVICE, LLC

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

5991 WEST STATE STREET, STE. A, BOISE, IDAHO 83703

(Street Address)

(Mailing Address, if different than street address)

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

SCOTT R. ROBINSON

(Name)

5991 W. STATE STREET, STE. A, BOISE, ID. 83703

(Street Address)

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

NameAddress

SCOTT R. ROBINSON

5991 W. STATE STREET, STE. A, BOISE, ID. 83703

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

5991 WEST STATE STREET, STE. A, BOISE, IDAHO 83703

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: _____

SCOTT R. ROBINSON

Signature _____

Typed Name: _____

Secretary of State use only

W93762

IDAHO SECRETARY OF STATE
06/01/2010 05:00
CK: 7891 CT: 248493 DN: 1224700
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Revised 07/2008