



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2014 MAR 18 AM 9:36

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

P3 Recovery LLC

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

909 J St Rupert ID 83350

(Street Address)

(Mailing Address, if different than street address)

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

Dustin Wielkiewicz

(Name)

909 J St Rupert ID 83350

(Street Address)

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

Name

Address

Dustin Wielkiewicz

909 J St Rupert ID 83350

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

909 J St Rupert ID 83350

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Dustin Wielkiewicz

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/18/2014 05:00
CK: CASH CT: 294484 BH: 1415827
1 @ 100.00 = 100.00 ORGAN LLC # 2

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