







## STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005183617

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day descriptions below) | y Service (see Standard (filing fee \$100)                           |
|---|--|
| 1. Limited Liability Company Name   |  |
| Type of Limited Liability Company   | Limited Liability Company  |
| Entity name   | 19 Branches Lending LLC  |
| The complete street address of the principal office is:     Principal Office Address                                  | 8114 STAR PASS RIDGE ROAD<br>NAMPA, ID 83686                         |
| 3. The mailing address of the principal office is:  |  |
| Mailing Address   | CHAD D. BRAVENDER<br>8114 STAR PASS RIDGE RD<br>NAMPA, ID 83686-8793 |
| 4. Registered Agent Name and Address  |  |
| Registered Agent  | Registered Agent   |
|   | Chad DAVID BRAVENDER Physical Address:                               |
|   | 8114 STAR PASS RIDGE ROAD  |
|   | NAMPA, ID 83686  |
|   | Mailing Address:   |
|   | 8114 STAR PASS RIDGE RD<br>NAMPA, ID 83686-8793                      |
| I affirm that the registered agent appointed  | d has consented to serve as registered agent for this entity.        |
| Name  | Address  |
| Chad DAVID BRAVENDER  | 8114 STAR PASS RIDGE ROAD<br>NAMPA, AL 83686                         |
| Signature of Organizer:   |  |
| Chad David Bravender  | 04/05/2023   |
| Sign Here   | Date   |