



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

2015 JAN -5 AM 9:08

(Instructions on back of application)

 SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Argent Financial, LLC.

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

307 North Lincoln Street, Post Falls, ID 83854

(Street Address)

P.O. Box 1660, Post Falls, ID 83877

(Mailing Address, if different than street address)

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

Jonathan Frantz

(Name)

307 North Lincoln Street, Post Falls, ID, 83854

(Street Address)

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

**Name**
**Address**
David Frear
307 North Lincoln Street, Post Falls, ID, 83854

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

P.O. Box 1660, Post Falls, ID, 83854

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

 Typed Name: David Frear, managing member

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**01/05/2015 05:00**

CK:807 CT:303874 BH:1455461

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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