

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

98 FEB 27 AM 9:00
SECRETARY OF STATE
STATE OF IDAHO

98 MAR -9 AM 10:21
SECRETARY OF STATE
STATE OF IDAHO



(See instructions on back of application)

1. The name of the limited liability company is: Auto Credit Express, LLC
2. The address of the initial registered office is: 1255 N. Holmes Avenue, Idaho Falls,
(not a PO Box)
Idaho 83401 and the name of the initial registered agent at that address is: _____
- Signature of registered agent: Stafford Smith

3. Is management of the limited liability company vested in a manager or managers?

☒ Yes ☐ No (check appropriate box)

4. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.

Name:

Address:

<u>Woodruff D. Smith</u>	<u>1255 N. Holmes Avenue, Idaho Falls, ID 83401</u>
<u>Rex Allred</u>	<u>1255 N. Holmes Avenue, Idaho Falls, ID 83401</u>
<u>Stafford L. Smith</u>	<u>1255 N. Holmes Avenue, Idaho Falls, ID 83401</u>
_____	_____
_____	_____
_____	_____

5. Signature of at least one person listed in #4 above:

Stafford Smith
Stafford Smith

g:\compform\LLC1.pdf Revised 6/97

IDAHO SECRETARY OF STATE only

02/27/1998 09:48
CX: 26947 CT: 2034 MH: 85933

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