

**ARTICLES OF ORGANIZATION FILED
LIMITED LIABILITY COMPANY**

98 FEB 27 AM 9 (Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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



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:

Woodruff D. Smith

1255 N. Holmes Avenue, Idaho Falls, ID 83401

Rex Allred

1255 N. Holmes Avenue, Idaho Falls, ID 83401

Stafford L. Smith

1255 N. Holmes Avenue, Idaho Falls, ID 83401

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

Stafford Smith

Revised 6/97
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02/27/1998 09:00
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