

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JAN 14 PM 1:30

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

RECOVERY RESOLUTION SPECIALISTS LLC

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

1034 valiant Ave, Middleton, ID 83644

(Street Address)

(Mailing Address, if different than street address)

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

Kara maze

(Name)

1034 valiant Ave, Middleton, ID 83644

(Street Address)

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

Name**Address**

Kara Maze

1034 valiant Ave, Middleton, ID 83644

Christopher Maze

1034 Valiant Ave. Middleton ID

83644

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

1034 valiant Ave, Middleton, ID 83644

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Kara Maze

Typed Name: Kara Maze

Signature

Christopher Maze

Typed Name: Christopher Maze

Secretary of State use only

IDAHO SECRETARY OF STATE
01/14/2013 05:00
CK: CASH CT: 278188 BH: 1355658
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