



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 AUG -1 AM 8:25

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

Merchant Loss Prevention Services LLC

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

P.O. Box 1031 Rexburg Idaho 83440-1031

(Street Address)

123 Elm Ave Rexburg ID 83440

(Mailing Address, if different than street address)

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

Troy Dameron

123 Elm Ave Rexburg Idaho 83440

(Name)

(Street Address)

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

Name

Address

Troy Dameron

123 Elm Ave Rexburg Idaho 83440

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

P.O Box 1031 Rexburg Idaho 83440-1031

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Troy Dameron
Typed Name: Troy Dameron

Signature _____
Typed Name: _____

Secretary of State use only

S:\corpform\LLC form\llcorg_llc.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
08/01/2008 05:00
CK: 5851 CT: 228422 BH: 1129773
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W76530