



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 DEC -9 AM 8:48

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Allied Business Leasing LLC

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

10394 W. Emerald Street, Boise, ID 83704

(Street Address)

(Mailing Address, if different than street address)

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

Stacy L. Beeles

(Name)

10394 W. Emerald Street, Boise, ID 83704

(Street Address)

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

Name

Address

Stacy L. Beeles

10394 W. Emerald Street, Boise, ID 83704

Tom Beeles

10394 W. Emerald Street, Boise, ID 83704

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

10394 W. Emerald Street, Boise, ID 83704

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Stacy Beeles

Typed Name: Stacy L. Beeles

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/09/2014 05:00

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