



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 JUN -7 PM 1:53

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ASAP Bail Bond and Recovery LLC

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

8875 Reflection Ln Middleton Id 83644

(Street Address)

(Mailing Address, if different than street address)

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

Christopher Maynard

(Name)

8875 Reflection Ln Middleton Id 83644

(Street Address)

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

Name

Address

Christopher Maynard

8875 Reflection Ln Middleton Id 83644

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

8875 Reflection Ln Middleton Id 83644

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Christopher Maynard

Signature _____

Typed Name: _____

Secretary of State use only

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06/07/2011 05:00
CK: 2058 CT: 259588 BH: 1277289
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