



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2011 APR 22 AM 11:12

1. The name of the limited liability company is:

Equity Recap Account, LLC

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

2816 S Bearclaw, Meridian, ID 83642

(Street Address)

PO Box 99, Meridian, ID 83680

(Mailing Address, if different than street address)

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

Kris Ormseth

(Name)

101 S Capitol Blvd, Suite 1900, Boise, ID 83702

(Street Address)

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

**Name**

**Address**

Aaron Seehawer

PO Box 99, Meridian, ID 83680

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

PO Box 99 Meridian ID 83680

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Aaron Seehawer

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/22/2011 05:00  
CX: 7007 CT: 246090 BH: 1278429  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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