



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JAN 13 PM 1:28

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

A BROKEN WING BAIL BONDS LLC

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

780 Falls Ave, Twin Falls, Idaho 83301

(Street Address)

(Mailing Address, if different than street address)

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

WILL ROBERTS

(Name)

WILLIAM M. ROBERTS

2404 Jordan Lane, Filer, Idaho 83328

(Street Address)

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

Name

Address

WILL ROBERTS

2404 Jordan Lane, Filer, Idaho 83328

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

780 Falls Ave, Twin Falls, Idaho 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: WILL ROBERTS

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/13/2011 05:00  
CK: 1688 CT: 254358 BH: 1235382  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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