

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

07 APR 17 AM 11: 15

| 1. | The name of the limited liability comp. Lucky Bail Bonds LLC | any is: | | SECRETARY STATE O | |
|---|---|---|--------------------|--|---|
| 2. | The street address of the initial registered office is: 370 10th St Idaho Falls, Idaho 83404 | | | | |
| | and the name of the initial registered agent at the above address is: Kendall Chaffin | | | | |
| 3. | The mailing address for future correspondence is: P.O. Box 3891 Idaho Falls, Idaho 83401-3891 | | | | |
| 4. | Management of the limited liability company will be vested in: | | | | |
| | Manager(s) or Member(s) [(please check the appropriate box) If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member. | | | | |
| 5. | | | | | |
| | Name | | Add | dress | |
| | Kendall Chaffin | arland Chaffin 447 E. 16th St. Idaho Falls, Idaho 83404 | | | |
| | Garland Chaffin | | | | |
| | Kevin Martin | | | | |
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| 6. Signature of at least one person responsible for forming the limited liability company: Signature: Secretary of State use only | | | | | |
| Typed Name: Kendall Chaffir | | | | | e only |
| | Capacity: Manager | | : | | · |
| | Signature Typed Name: Garland Chaffin | Mormal L. Cformalarito | 200710 DESCRIPTION | IDAHO SECT 64/17/2 CK: CASH CT: 6 1 0 100.00 = 1 1 0 20.00 = 6 | ETARY OF STATE 607 65 200 112276 BH: 1847649 88.80 ORGAN LLC # 2 88.88 EXPEDITE C # 3 |
| | Capacity: Manager | | Web Form | 'اعلاما | 543 |