

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

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Complete and submit the application in <u>duplicate</u> .		SECHLIARY OF STATE STATE OF IDAHO	
The name of the limited lia	• •		
Simplicity Payment Solution	ons LLC_		
(Remember to include th	e words "Limited Liability Company," "Limi	ted Company," or the abbreviations L.L.C., LLC, or LC)	
The complete street and n 480 W Sunnyside Rd #4	nailing addresses of the principa	al office is:	
(Street Address)			
Idaho Falls, ID 83402			
(Mailing Address, if different)			
The name of the registered	d agent and the street address	of the registered agent:	
Chris Campbell	3363 E 163 N Rigby, ID 83442		
(Name)	(Address cannot be a post office box or postal mail box.)		
The name and address of	at least one governor of the lim	ited liability company:	
Cody Marshall	3277 E 100 N Rigby, ID 83442		
(Name)	(Address)		
(Name)	(Address)		
	• • •		
(Name)			
(Name)	(Address)		
(Name)	(Address)	(Address)	
Mailing address for future	correspondence (annual report	notices):	
480 W Sunnyside Rd #4 le	daho Falls, ID 83402		
(Address)		 	
ature of organizer(s).	- -	Company of State was active	
ature:		Secretary of State use only	
aute.		IDAHO SECRETARY OF STATE	
ed Name: Chris Camp	hell	08/30/2017 05:00	
		CK:1078 CT:344943 BH:1600623	
		1@ 100.00 = 100.00 ORGAN LLC	

Rev. 11/2015