



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Tri-State Bankruptcy Assistance Ltd. Co.

2. The street address of the initial registered office is:

1011 Washington, Montpelier, ID 83254

and the name of the initial registered agent at the above address is:

Alice J. Lawson

3. The mailing address for future correspondence is:

P O Box 186, Georgetown, ID 83239

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. 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.

Name	Address
Alice J. Lawson	P O Box 186, Georgetown, ID 83239

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Alice J. Lawson

Typed Name: Alice J. Lawson

Capacity: Owner

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

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Revised 07/2002

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10/31/2005 05:00  
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