



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 APR -2 PM 3: 03

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Recovery Specialist LLC

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

4630 Adams Street Boise, Idaho 83714

(Street Address)

P.O. Box 636 Meridian, Idaho 83680

(Mailing Address, if different than street address)

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

Daniel Eckert Jr.

(Name)

4630 Adams Street Boise, Idaho 83714

(Street Address)

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

Name

Address

Chad Spelatz

4630 Adams Street Boise, Idaho 83714

Daniel Eckert Jr.

4630 Adams Street Boise, Idaho 83714

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

P.O. Box 636 Meridian, Idaho 83680

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Daniel Eckert jr.

Signature

Typed Name:

Chad Spelatz

Secretary of State use only.

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Revised 07/2008

IDAHO SECRETARY OF STATE
04/05/2010 03:00
CX: CASH CT: 246716 BH: 1216079
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