



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 NOV -7 PM 12: 17

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

J2 RECOVERY SERVICES LLC

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

5071 N RED HILLS AVE MERIDIAN, ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

CORY JAKOBSON

(Name)

5071 N RED HILLS AVE MERIDIAN, ID 83646

(Street Address)

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

Name**Address**

CORY JAKOBSON

5071 N RED HILLS AVE MERIDIAN, ID 83646

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

5071 N RED HILLS AVE MERIDIAN, ID 83646

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:

CORY JAKOBSON

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE
11/07/2008 05:00
CK: CASH CT: 231263 BH: 1143601
1 @ 100.00 = 100.00 ORGAN LLC # 2

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