



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 JAN 29 PM 12:52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

RESTORATION LEAD SOLUTIONS, LLC

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

457 N. 80 W., Blackfoot, Idaho 83221.

(Street Address)

(Mailing Address, if different than street address)

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

JONATHAN W. HARRIS

(Name)

286 W Bridge St., Blackfoot, ID 83221

(Street Address)

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

Name

Address

MICHAEL JOHNSON

777 Hoopes Ave., Apt H303, Idaho Falls, ID 83401

KATIE HARRIS

849 West Falcon Cir., Blackfoot, Idaho 83221

DEREK PREECE

457 N. 80 W., Blackfoot, Idaho 83221.

DARRIN PREECE

457 N. 80 W., Blackfoot, Idaho 83221.

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

457 N. 80 W., Blackfoot, Idaho 83221.

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name:

Katie Harris

Signature

Typed Name:

MICHAEL JOHNSON

Secretary of State use only

IDAHO SECRETARY OF STATE
01/29/2014 05:00
CK: 1686854 CT: 172099 BH: 148823A
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