

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JAN 31 AM 8:21

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

ELITE CREDIT REPAIR, LLC

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

26221 N LYNNHAVEN ROAD ATHOL, ID 83801

(Street Address)

(Mailing Address, if different than street address)

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

TAMARA MICHAEL

(Name)

26221 N LYNNHAVEN ROAD ATHOL, ID 83801

(Street Address)

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

NameAddress

TAMARA MICHAEL

26221 N LYNNHAVEN ROAD ATHOL, ID 83801

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

26221 N LYNNHAVEN ROAD ATHOL, ID 83801

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: TAMARA MICHAEL

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

01/31/2011 05:00

CK: 18414466266 CT: 254897 BH: 1257572

1 @ 100.00 = 100.00 ORGAN LLC # 2

1 @ 20.00 = 20.00 EXPEDITE C # 3

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