



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR 10 PM 12:02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ALLIED RECOVERY SERVICE, LLC

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

921 SOUTH ORCHARD STREET, SUITE G, BOISE, IDAHO 83705

(Street Address)

(Mailing Address, if different than street address)

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

INCorp SERVICES, INC

(Name)

921 S. ORCHARD STREET, # G, BOISE, ID 83705

(Street Address)

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

Name

Address

ANTHONY ELWOOD-DEVENUA

1039 E. MANCHESTER DRIVE, SPRINGFIELD, MO 65810

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

921 S. ORCHARD STREET, SUITE G, BOISE, ID 83705

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Anthony Elwood-Devenuta

Typed Name: ANTHONY ELWOOD-DEVENUA

Secretary of State use only

Signature

Typed Name:

IDAHO SECRETARY OF STATE
04/10/2013 05:00
CK: 1357210 CT: 172099 BH: 1368861
1 @ 100.00 = 100.00 ORGAN LLC # 2

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