



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUL -9 AM 8:30

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Eagle Eye Recovery & Repossession LLC

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

501 W. Concord St. Middleton Id. 83644
(Street Address)

P.O. Box 734 Middleton Id. 83644
(Mailing Address, if different than street address)

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

Nicholas Thornburg 501 W. Concord St
(Name) (Street Address) Middleton Id
83644

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

Name	Address
<u>Nicholas Thornburg</u>	<u>501 W. Concord St</u> <u>Middleton Id 83644</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

P.O. Box 734 Middleton ID. 83644

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 [Signature]
Typed Name: Nicholas Thornburg

Signature _____
Typed Name: _____

g:\app\forms\LLC form\cert.org_llc.PMD
Revised 07/2008

Secretary of State use only

IDAHO SECRETARY OF STATE
07/09/2009 05:00
CK: NO CK # CT: 238665 SN: 1178158
1 @ 100.00 = 100.00 ORDN LLC # 2

W85294