

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 APR -7 AM 8: 37

(Instructions on back of application)

1. The name of the limited liability compa	any is: SECRETA STATE
ALWAYS FINANCINE	
2. The complete street and mailing addre	esses of the initial designated office:
308 N. 3RD STRFET	PINEMIRST ID 83850
(Street Address) PO BOX 598 PINE	HURST IN 83850
(Mailing Address, if different than street address)	
3. The name and complete street addres	s of the registered agent:
SHAWN EIXENBERGER (Name)	209 N. 3RD STREET (NO MAIL) (Street Address)
The name and address of at least one company:	member or manager of the limited liability
<u>Name</u>	<u>Address</u>
SHAWN ETXENBERGER	PO BOX 598, PINETILIZE I ID 83850
TERT EIXENBERGER	FO BOX SGE, PINEHURST, ID 83850
5. Mailing address for future corresponde	l i
5. Mailing address for future corresponded PO BOX 518, PINER	l i
	JURST, ID 83850
6. Future effective date of filing (optional) Signature of a manager, member or a	HURST, ID 83850
6. Future effective date of filing (optional) Signature of a manager, member or a person.	uthorized Secretary of State use only
6. Future effective date of filing (optional) Signature of a manager, member or a person.	uthorized Secretary of State use only IDAHO SECRETARY OF STATE
6. Future effective date of filing (optional) Signature of a manager, member or a person. Signature Manager	uthorized Secretary of State use only
6. Future effective date of filing (optional) Signature of a manager, member or a person. Signature Manager	Secretary of State use only IDAHO SECRETARY OF STATE 04/07/2015 05:00 CK:1709 CT:308647 BH:1469775

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