

FILED EFFECTIVE



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ALPHA LENDING, LLC

2. The street address of the initial registered office is:

3355 N. Lakeharbor Lane, Suite 102, Boise, Idaho 83703

and the name of the initial registered agent at the above address is:

Timbre Wolfe

3. The mailing address for future correspondence is:

3355 N. Lakeharbor Lane, Suite 102, Boise, Idaho 83703

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Timbre Wolfe</u>	<u>3355 N. Lakeharbor Lane, Suite 102,</u>
	<u>Boise, Idaho 83703</u>

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Timbre Wolfe*Typed Name: Timbre WolfeCapacity: Member

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
 11/08/2004 05:00
 CK: 382771 CT: 7812 BH: 775616
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