



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

Click here to clear form.

1. The name of the limited liability company is:

The Best Merchant Services LLC

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

1011 Deon #4 Pocatello, ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

Aaron Lee Hansen

(Name)

1011 Deon #4 Pocatello, ID 83201

(Street Address)

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

Name

Address

Aaron Hansen

1011 Deon #4 Pocatello, ID 83201

Shannalee Hansen

1011 Deon #4 Pocatello, ID 83201

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

1011 Deon #4 Pocatello, ID 83201

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Aaron Hansen

Typed Name: Aaron Lee Hansen

Signature Shannalee Hansen

Typed Name: Shannalee Hansen

Secretary of State use only

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06/22/2012 05:00
CK: 940 CT: 271784 DH: 1329489
1 @ 100.00 = 100.00 ORGAN LLC # 2

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