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CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 OCT 17 PM 4:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Falls Financial LLC

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

676 Memorial Drive #201, Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Chani Marie Trench

(Name)

676 Memorial Dr. #201, Idaho Falls, ID

(Street Address)

83402

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

Name

Address

Chani Marie Trench676 Memorial Drive #201, Idaho Falls, ID 83402

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

676 Memorial Drive #201, Idaho Falls, ID 83402

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Chani Marie TrenchTyped Name: Chani Marie Trench

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/17/2014 05:00

CK:2300548 CT:172099 BH:1445690

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