

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV -3 AM 9:15

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

HENDERSON FINANCIAL LLC

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

1650 MELANIE POATELLO, ID 83201  
(Street Address)

(Mailing Address, if different than street address)

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

CORNELL HENDERSON 1650 MELANIE  
(Name) (Street Address)

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

Name	Address
<u>KAYLEEN HENDERSON</u>	<u>1650 MELANIE</u>
_____	_____
_____	_____
_____	_____

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

1650 MELANIE, POATELLO, IDAHO 83201

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 Cornell De Henderson  
Typed Name: CORNELL DEE HENDERSONSignature Kayleen Henderson  
Typed Name: KAYLEEN BATES HENDERSON

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE  
11/03/2008 05:00  
CK: 915 CT: 176848 BH: 1142773  
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