



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JAN -2 AM 9:04

STATE OF IDAHO

1. The name of the limited liability company is:

24 Hour Bail Bonds, LLC

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

1191 Cabin Cove, Idaho Falls, Idaho 83404

(Street Address)

(Mailing Address, if different than street address)

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

Christopher E. Watts

(Name)

1191 Cabin Cove, Idaho Falls, Idaho 83404

(Street Address)

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

Name

Christopher E. Watts

Address

1191 Cabin Cove, Idaho Falls, Idaho 83404

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

1191 Cabin Cove, Idaho Falls, Idaho 83404

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature: Christopher E. Watts  
Typed Name: Christopher E. Watts

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/02/2015 05:00  
CK:2304 CT:233472 BH:1455191  
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