



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

National Billing Services LLC

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

403 1st Street, Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

Merri Raymond

(Name)

403 1st Street, Idaho Falls, ID 83401

(Street Address)

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

Name

Address

Merri Raymond

403 1st Street, Idaho Falls, ID 83401

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

403 1st Street, Idaho Falls, ID 83401

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

Signature of a manager, member or authorized person.

Signature

Merri Raymond

Typed Name: Merri Raymond

Signature

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

Secretary of State use only

IDaho SECRETARY OF STATE  
02/23/2012 05:00  
CK: 1799 C1: 267303 BH: 1311900  
1 @ 100.00 = 100.00 ORGAN LLC # 2