FILED EFFECTIVE

251

2010 NOV 12 AM 11:10

SECRETARY OF STATE
STATE OF IDAHO

CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

   Another Option Process Service LLC

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

   435 Jefferson Street Twin Falls, Idaho 83301
   (Street Address)

   PO Box 816 Twin Falls, Idaho 83301
   (Mailing Address, if different than street address)

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

   Michael D Murray (Name) — 435 Jefferson Street Twin Falls, Idaho 83301 (Street Address)

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

Name	Address
Michael D Murray	435 Jefferson Street Twin Falls, Idaho 83301

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

   435 Jefferson Street, Twin Falls, Idaho 83301

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Michael D Murray

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/12/2010 05:00
CK: 548265 CT: 172099 BH: 1246981
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