

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR 28 AM 8:11

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

MBA Asset Retention **LLC**

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

8905 S. Consulting Ln. Boise, ID 83709

(Street Address)

P.O. Box 6364 Boise, ID 83707

(Mailing Address, if different than street address)

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

Marsha Poulsen

(Name)

8905 S. Consulting Ln. Boise, ID 83709

(Street Address)

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

**Name**

**Address**

Marsha Poulsen

8905 S. Consulting Ln. Boise, ID 83709

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

8905 S. Consulting Ln. Boise, ID 83709

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

Typed Name: Marsha Poulsen

Signature

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

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
04/28/2009 05:00  
CX: 2545 CT: 236549 BH: 1167999  
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