

Signature_

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2012 JAN 11 AM 9: 11

To the second	3	(instructions on ba	ack of application)	or our twiny or our back
1.	The name of	the limited liability	company is:	STATE OF TOAHO
		Alpha Ome	ga Investigations and Recove	ery LLC.
	The complete street and mailing addresses of the initial designated office:			
	(Street Address)			
	(Mailing Address	, if different than street addres	s)	
3.	The name and complete street address of the registered agent:			
	Jeff Walthali		20591 antrim dr greenl	eaf id 83626
	(Name)		(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company: Name Address			
	Jeff Walthail		205 (1) antrim greenlea	f id 83626
5.		ess for future corres greenleaf id 83626	pondence (annual repor	t notices):
6.	Future effect	ive date of filing (op	tional):	
Sig	nature of a	manager, member	or authorized	
pen	son.	Mur.Hell		Secretary of State use only
Sign	nature <u>// /</u>	eff Walthall		
ιyμ	eu name			

IDAHO SECRETARY OF STATE

21/11/2012 05:00

CK: 875511 CT: 172899 BH: 1385600
1 0 100.00 = 100.00 ORGAN LLC # 2
1 0 20.00 = 20.00 EXPEDITE C # 3

W 109896

cert_org_lic Rev. 07/2010