

Signature

Typed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

## FILED EFFECTIVE

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SECREBAY OF STATE 1. The name of the limited liability company is: STATE OF IDAHO AJL Paralegal Services, LLC 2. The complete street and mailing addresses of the initial designated/principal office: 168 S. 100 E., Georgetown, ID 83239 (Street Address) PO Box 186, Georgetown, ID 83239 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Steven A. Wuthrich 1011 Washington St., Ste. 101, Montpelier, ID 83254 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name **Address** Alice J. Lawson PO Box 186, Georgetown, ID 83239 5. Mailing address for future correspondence (annual report notices): PO Box 186, Georgetown, ID 83239 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature : Typed Name: Alice J. Lawson

IDAHO SECRETARY OF STATE

08/18/2011 05:00

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