

FILED EFFECTIVE

253

**APPLICATION FOR
REGISTRATION OF FOREIGN
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

JUL 30 2004 3:29
STATE
IDAHO

1. The name of the limited liability company is:

Impact Financial Services, LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

3. The jurisdiction under whose laws the limited liability company is organized is:
- Arkansas
-
- and the date of its formation was:
- 06/12/1998

4. The name and address of the registered agent in Idaho is:

National Registered Agents, Inc., 1423 Tyrell Lane, Boise, Idaho 83706

5. The address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

10801 Executive Center Drive, Suite 511, Little Rock, AR 72211

6. The address of the limited liability company's principal office, if other than the address in #5 above, is:

7. The address to which correspondence should be addressed is:

10801 Executive Center Drive, Suite 511, Little Rock, AR 72211

8. Signature of a manager, if any, or a member
-
- if there are no managers.

Signature

Typed Name

William B. Brady

Manager ☐ Member ☒

Secretary of State use only

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Revised 05/02/2002
Web FormIDAHO SECRETARY OF STATE
07/30/2004 05:00
CK: none CT: 168664 BH: 758438
1 @ 100.00 = 100.00 REGFORGLLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W 32183



**Arkansas Secretary of State
Charlie Daniels**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

IMPACT FINANCIAL SERVICES, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office June 12, 1998.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 30th day of July 2004.



Charlie Daniels
Secretary of State

Online Certificate Authorization Code: c4c3d8d9153d743

To verify the Authorization Code, visit www.sosweb.state.ar.us