



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2012 OCT 25 PM 1:33

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

CORPORATE AGENT TRUST COMPANY, LLC

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

2976 E. State Street Suite 120-133 Eagle, ID 83616

(Street Address)

P.O. Box 1261 Eagle, ID 83616

(Mailing Address, if different than street address)

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

Tina Pearsall

(Name)

1299 E. Iron Eagle Dr. Eagle, ID 83616

(Street Address)

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

**Name**

**Address**

Roger P. Pearsall

372 S. Eagle Rd. Eagle, ID 83616

Tina Pearsall

372 S. Eagle Rd. Eagle, ID 83616

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

P.O. Box 1261 Eagle, ID 83616

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Roger P. Pearsall

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/25/2012 05:00  
CK: 3687503688 CT: 158458 BH: 1345156  
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