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FILED FEFECTIVE



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2013 MAR 18 AM 9: 11

SECRETARY USUATE

	(Instructions on	back of application)	STATE OF IDAHO	
1. The	name of the limited liabilit	y company is:		
	no Mortgage Program LLC	, ,		
	The complete street and mailing addresses of the initial designated office: 225 North Ninth Street, Suite 810, Boise, Idaho 83702			
(Stree	at Address)			
(Mail	(Mailing Address, if different than street address)			
3. The	The name and complete street address of the registered agent:			
Dre	w C. Black	225 North Ninth Street,	Suite 810, Bolse, Idaho 83702	
(Nam	ie)	(Street Address)		
	The name and address of at least one member or manager of the limited liability company:			
Drav	<u>Name</u> v C. Black	Address 225 North Ninth Street, Suite 810, Bolse, Idaho 83702		
	220 Notal Milat Street, State 6 To, Bolige, 108/10 83702			
	<u>-</u>			
· · ·				
5. Mailir	ng address for future corre	spondence (annual report i	notices):	
	North Ninth Street, Suite 810, E			
3. Futur	e effective date of filing (o	ptional):		
Signatur	of a manager, membe	ur or authorized		
erson.		or additionized		
	h		Secretary of State use only	
Signature	- Wain of term	~		
yped Na	me: David S. Jensen, Organi	izer		
• • • • • • • • • • • • • • • • • • • •				
Signature				
yped Na				
, p = 0 140			IDAHO SECRETARY OF STAT 03/18/2013 05:	
			CK: NONE CT: 1117 RH: 136	

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