



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2004 NOV -5 AM 9:10
STATE OF IDAHO

1. The name of the limited liability company is:

V.O.D. Financial Solutions, L.L.C.

2. The street address of the initial registered office is:

6361 W. Seltice Way Stateline, ID 83854

and the name of the initial registered agent at the above address is:

Twylla Robinson

3. The mailing address for future correspondence is:

206 W. 11th Post Falls, ID 83854

4. Management of the limited liability company will be vested in:

Manager(s) ☒ or Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Twylla Robinson</u>	<u>206 W. 11th, Post Falls, ID 83854</u>
<u>Joe Robinson</u>	<u>206 W. 11th, Post Falls, ID 83854</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: Twylla Robinson

Typed Name: Twylla Robinson

Capacity:

Signature

Typed Name:

Capacity:

Secretary of State use only

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Revised 07/2002

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11/05/2004 05:00
CK: 5052 CT: 183495 BH: 775140
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