



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 JUL -8 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Account Recovery Services, LLC

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

590 Maple Dr., Rexburg, ID 83440

(Street Address)

(Mailing Address, if different than street address)

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

Breck H. Barton

(Name)

70 N. Center St., Ste. 2, Rexburg, ID 83440

(Street Address)

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

Name

Address

William G. Hulse

590 Maple Dr., Rexburg, ID 83440

Amber E. Hulse

590 Maple Dr., Rexburg, ID 83440

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

590 Maple Dr., Rexburg, ID 83440

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature William G. Hulse

Typed Name: William G. Hulse

Signature Amber E. Hulse

Typed Name: Amber E. Hulse

Secretary of State use only

IDAHO SECRETARY OF STATE
07/08/2011 05:00
CK: 42166 CT: 35309 BH: 1201617
1 @ 100.00 = 100.00 ORGAN LLC # 2

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