

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 NOV -9 PM 8:17

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

NORTHWESTERN MISSING PERSONS INVESTIGATIONS, LLC

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

1345 ELIZABETH BLVD., TWIN FALLS, ID 83301

(Street Address)

255 BLUE LAKES BLVD. N. #671, TWIN FALLS, ID 83301

(Mailing Address, if different than street address)

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

MICHAEL JOLLEY, SR.

(Name)

255 BLUE LAKES BLVD. N. #671, TWIN FALLS, ID

(Street Address)

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

**Name****Address**

MICHAEL JOLLEY, SR.

255 BLUE LAKES BLVD. N. #671, TWIN FALLS, ID

83301

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

255 BLUE LAKES BLVD. N. #671, TWIN FALLS, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: MICHAEL JOLLEY, SR.

Signature

Typed Name:

Secretary of State use only

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11/09/2010 05:00  
CK: 21002 CT: 19922 BH: 1246361  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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