		FILED EFFECT
CERTIFICATE OF	ORGANIZATIO	N
LIMITED LIABIL		0.0
(Instructions on bac		Stor AM 9: 1
	••	SECRETARY OF STATE STATE OF IDAHO
. The name of the limited liability co		UF IDAHO
	rtgage Modification Services,	LLC
. The complete street and mailing a		
(Street Address)	fill Ave, Coeur d'Alene, ID 83	814
(Mailing Address, If different than street address))	
. The name and complete street ad	•	agent:
		-g
Sean McCoy		, Coeur d'Alene, ID 83814
(Name)	(Street Address)	
. The name and address of at least	one member or manag	er of the limited liability
company:		
<u>Name</u> Sean McCoy	<u>Address</u> 1052 W Mill Ave, Coeur d'Alene, ID 83814	
	<u>, , , , , , , , , , , , , , , , , , , </u>	
	••••	
. Mailing address for future corresp	ondence (annual report	notices):
1052 W N	fill Ave, Coeur d'Alene, ID 83	3814
Euture offective date of filing (enti	000 ⁽)	
. Future effective date of filing (opti-	unal).	
gnature of organizer(s). (An organizer i	s a member, or is	
ting in behalf of a member or members).		Secretary of State use only
gnature	OWd 3	
/ped Name: Sean McCoy		
		thann gendetary of RTA
	25	06/12/2009 05
gnature	(⊂	CX: 1947999253 CT: 237924 BH
gnature vped Nam e	orpVormsULC formal Revised 07/2008	CX: 1947989253 CT: 237924 BH 1 0 195.00 = 198.06 URSAN 1 0 29.00 = 28.99 EXPEDI