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Colorado Secretary of State

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## **Articles of Organization**

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

## Seattle Credit Auto Loan LLC

4595 Hilton Parkway, Suite 200

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

	(Street number and name)			
	Colorado Springs	СО	80907	
	(City)	United S	(ZIP/Postal Code)	
	(Province – if applicable)	(Countr	ry)	
Mailing address				
(leave blank if same as street address)	(Street number and	name or Post Office	Box information)	
	(City)	(State)	(ZIP/Postal Code)	
	(Province if amlicable)	(Countr	·	
	(Province – if applicable) red agent address of the lim			
e registered agent name and registe gent are Name (if an individual)				
ent are Name	red agent address of the lim	ited liability con		
Name (if an individual)	Boyd  (Last)	ited liability con	npany's initial registere	
Name (if an individual)  OR  (if an entity)	Boyd  (Last)	Marvin (First)	npany's initial registere	
Name (if an individual)  OR  (if an entity) (Caution: Do not provide both an individual)	Boyd (Last)  idual and an entity name.) 7605 Winding Oaks	Marvin (First)	npany's initial registere	
Name (if an individual)  OR  (if an entity) (Caution: Do not provide both an individual)	Boyd (Last)  idual and an entity name.) 7605 Winding Oaks	Marvin (First)  Drive	npany's initial registere	

Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)				
	(City)	<u>CO</u> (State)	(ZIP Code)		
(The following statement is adopted by marking The person appointed as registered		being so appoint	ed.		
4. The true name and mailing address of	the person forming the l	imited liability con	mpany are		
Name (if an individual)	Boyd	Marvin	A.		
OR	(Last)	(First)	(Middle)	(Suffix)	
(if an entity) (Caution: Do not provide both an indivi	idual and an entity name.)				
Mailing address	7605 Winding Oa	aks Drive			
	(Street numi	ber and name or Post O	ffice Box information)		
	Colorado Springs	CO	80919		
	(City)	United S	(ZIP/Postal Co	de)	
	(Province – if applicab		·		
<ul> <li>(If the following statement applies, adopt</li> <li>The limited liability company he company and the name and mass.</li> <li>5. The management of the limited liability (Mark the applicable box.)</li> <li>✓ one or more managers.</li> <li>OR</li> <li>the members.</li> </ul>	nas one or more addition uiling address of each suc	al persons forming	g the limited liabilit	у	
6. (The following statement is adopted by marking the There is at least one member of the		ny.			
7. (If the following statement applies, adopt the state  This document contains additional					
8. (Caution: <u>Leave blank</u> if the document does significant legal consequences. Read instruc			yed effective date has		
(If the following statement applies, adopt the state The delayed effective date and, if app		ment is/are	he required format.) m/dd/yyyy hour:minute ar		

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	Boyd	Marvin				
	7605 Winding Oaks Di	(First)	(Middle)	(Suffix		
	(Street number and name or Post Office Box information)					
	Colorado Springs	СО	80919			
	(City)	United Sta	(ZIP/Postal Co	ode)		
	(Province – if applicable)	(Country)	)			
(If the following statement applies, adoption This document contains the true causing the document to be de	ue name and mailing address		<i>'</i>	ls		

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