



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED

10 NOV 18 AM 8:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Condominium Proof of Renewal Insurance Automated Delivery Service, LLC

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

1880 W. Judith Lane, Suite 220

(Street Address)

Boise, ID 83705

(Mailing Address, if different than street address)

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

Kirklyn R. Smith

(Name)

1880 W. Judith Lane, Suite 220

(Street Address)

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

Name

Address

Kirklyn R. Smith

1880 W. Judith Lane, Suite 220, Boise, ID 83705

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

1880 W. Judith Lane, Suite 220, Boise ID 83705

6. Future effective date of filing (optional): December 1, 2010

Signature of a manager, member or authorized person.

Signature

Kirklyn R. Smith

Typed Name: Kirklyn R. Smith

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
11/18/2010 05:00
CK: 131 CT: 234689 BH: 1247735
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