



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 JUL 30 AM 8:39

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Gem State Educators Insurance LLC

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

2984 S Giovanni Street, Meridian, ID 83642

(Street Address)

Same

(Mailing Address, if different than street address)

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

Kristi Sallee

(Name)

Same

(Street Address)

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

Name

Address

Kristi Sallee

Same

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

Same

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

Signature of a manager, member or authorized person.

Signature Kristi Sallee

Typed Name: Kristi Sallee

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/30/2010 05:00
CK: 2141 CT: 234074 BH: 1232007
1 @ 100.00 = 100.00 ORGAN LLC # 2

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