

FILED EFFECTIVE

# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUN 28 PM 12:53

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Concierge Risk Alternatives *LLC*

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

1330 N Main St Meridian Idaho 83642

(Street Address)

(Mailing Address, if different than street address)

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

Van Carlson

(Name)

1330 N Main St Meridian Idaho 83642

(Street Address)

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

**Name****Address**

Van Carlson

1330 N Main St Meridian Idaho 83642

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

1330 N Main St Meridian Idaho 83642

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
06/28/2011 05:00  
CK: 1100 CT: 236536 BH: 1200356  
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