

CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUN 28 PM 12:53
SECRETARY OF STATE
STATE OF IDAHO1. 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

Van Carlson

Address

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 *Van Carlson*Typed Name: *Van Carlson*

Secretary of State use only

Signature _____

Typed Name: _____

IDaho SECRETARY OF STATE
06/28/2011 05:00
 CK: 1100 CT: 236536 BH: 1280356
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