



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in **duplicate**.

**FILED EFFECTIVE**

2017 MAY 17 PM 2:10

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Health Services Protection Plan LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

1059 E Iron Eagle Drive, Eagle, ID 83616

(Street Address)

(Mailing Address, if different)

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

Gregg Olsen

1059 E Iron Eagle Drive, Eagle, ID 83616

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Gregg Olsen

1059 E Iron Eagle Drive, Eagle, ID 83616

(Name)

(Address)

Steve Olsen

1059 E Iron Eagle Drive, Eagle, ID 83616

(Name)

(Address)

Debbie Olsen

1059 E Iron Eagle Drive, Eagle, ID 83616

(Name)

(Address)

Mike Olsen

1059 E Iron Eagle Drive, Eagle, ID 83616

(Name)

(Address)

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

1059 E Iron Eagle Drive, Eagle, ID 83616

(Address)

Signature of organizer(s).

Signature: Mike Olsen

Printed Name: Mike Olsen

Signature: Gregg Olsen

Printed Name: Gregg Olsen

Secretary of State use only

IDAHO SECRETARY OF STATE

05/17/2017 05:00

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