



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2008 AUG 19 AM 10:31

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

GABE MORRIS AGENCY LLC

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

690 WEST QUINN ROAD, SUITE A

(Street Address)

POCATELLO, ID 83202

(Mailing Address, if different than street address)

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

GABRIEL C. MORRIS

(Name)

690 WEST QUINN RD SUITE A

(Street Address)

POCATELLO ID 83202

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

GABRIEL MORRIS

Name

2900 TEEPLES DR BLACKFOOT ID 83221

Address

JESSICA MORRIS

SAME AS ABOVE J"

"

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

2900 TEEPLES DR BLACKFOOT ID 83221

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

GABRIEL C MORRIS

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
08/19/2008 05:00
CK: 3265 CT: 228948 BH: 1132213
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