



# 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**

2015 DEC 24 AM 9:31

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

**Helix Health Insurance 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:

**2975 E. Franklin Rd. Meridian, ID 83642**

(Street Address)

(Mailing Address, if different)

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

**Jerald Holloway**

**23240 Graphic Ln. Wilder, ID 83676**

(Name)

(Address)

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

**Jerald Holloway**

**23240 Graphic Ln. Wilder, ID 83676**

(Name)

(Address)

**Jason Curtis**

**2612 Sweet Dr. Nampa, ID 83687**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**2975 E. Frankling Rd. Meridian, ID 83642**

(Address)

Signature of organizer(s).

Printed Name: **Jerald Holloway**

Signature: *Jerald K. Holloway*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**12/24/2015 05:00**

CK:5603 CT:126241 BH:1505678

1@ 100.00 = 100.00 ORGAN LLC #2

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