FILED EFFECTIVE



## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

2006 MAY 22 PM 12: 48

(Instructions on back of application)

| ē ₹ Ó           | (Instructions on back of  | от аррисацогі)   | SECRETARY OF STATE  |
|-----------------|---|--|---|
| ļ. <sup>-</sup> | he name of the limited liability compa  | any is:  | STATE OF IDAHO  |
|                 | May Insurance Group, LLC  |  |   |
|                 | The street address of the initial registe   | ered office is:  |   |
|                 | 2870 East Fork Road, Rockland, ID   |  |   |
|                 | and the name of the initial registered agent at the above address is:   |  |   |
|                 | Leonard A. May  |  |   |
| 3.              | The mailing address for future correspondence is:   |  |   |
|                 | P.O. Box 269, Rockland, ID 83271  |  |   |
| Ł               | Management of the limited liability co  | mpany will be vested in:                                     |   |
| ۴.              | Manager(s) ✓ or Member(s) (please check the appropriate box)  |  |   |
|                 |   |  |   |
| 5.              | If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member. |  |   |
|                 | Name  |  | Address   |
|                 | Leonard A. May  | P.O. Box 269, Rocklan  | nd, ID 83271  |
|                 |   |  |   |
|                 |   |  |   |
|                 |   |  | ·   |
|                 |   |  |   |
|                 |   |  |   |
|                 |   |  |   |
| 6.              | Signature of at least one person responsible for forming the limited liability company:   |  |   |
|                 | Signature: WWW. MOVU  | <i>Λο</i>  | Secretary of State use only                                   |
|                 | Typed Name: Mark Morrise  | izaion E   |   |
|                 | Capacity: Organizer/Attorney  | corptornsiLL Chamskartsoforganization p65<br>Revised 07/2002 |   |
|                 | Signature   | - tormskari<br>772002  | IDAHO SECRETARY OF STATE                                      |
|                 | Typed Name:   | oomsiLLC forms\  | CK: 84350 CT: 84334 BH: 9559                                  |
|                 | Capacity:   |  | 1 0 100.00 = 100.00 ORGAN LLC<br>1 0 20.00 = 20.00 EXPEDITE C |

W50886