



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT -6 AM 10:45

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

Tony Gearhart Insurance, LLC

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

675 W. 4th Street, Kuna, ID 83634

(Street Address)

PO Box 89, Kuna, ID 83634

(Mailing Address, if different than street address)

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

Tony Gearhart

(Name)

691 E. Andrea Street, Kuna, ID 83634

(Street Address)

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

Name

Address

Tony Gearhart

691 E. Andrea Street, Kuna, ID 83634

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

PO Box 89, Kuna, ID 83634

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: Tony Gearhart

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
10/06/2008 05:00
CK: 1006 CT: 230322 BH: 1138064
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