



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JUN -5 AM 8:52

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

LCHP BENEFITS LLC

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

13542 N 25TH E IDAHO FALLS ID 83401

(Street Address)

P.O. BOX 3093 IDAHO FALLS ID 83403

(Mailing Address, if different than street address)

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

TROY CLAYTON

(Name)

13542 N 25TH E IDAHO FALLS ID 83401

(Street Address)

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

Name

Address

TROY CLAYTON

13542 N 25TH E IDAHO FALLS ID 83401

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

P.O. BOX 3093 IDAHO FALLS ID 83403

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Troy Clayton

Typed Name: Troy Clayton

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

06/05/2015 05:00

CK:7151 CT:311007 BH:1478522

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