



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

2018 APR -2 AM 10: 06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SkyFall Insurance Group, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations LLC, L.L.C., or LC.)

2. The complete street and mailing addresses of the principal office is:

5969 S Panorama View Dr Harrison, ID 83833

(Street Address)

(Mailing Address, if different)

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

Jerry F Lynn

5969 S Panorama View Dr Harrison, ID 83833

(Name)

(Address)

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

Jerry Lynn

5969 S Panorama View Dr Harrison, ID 83833

(Name)

(Address)

Kristi Lynn

5969 S Panorama View Dr Harrison, ID 83833

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

5969 S Panorama View Dr Harrison, ID 83833

(Address)

Signature of organizer(s).

Printed Name: Jerry Lynn

Signature:

Printed Name: Kristi Lynn

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/02/2018 05:00

CK:14990 CT:355583 BH:1635877
1@ 100.00 = 100.00 ORGAN LLC #2

W199034