

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 MAR -5 PM 1: 17

(Instructions on back of application)

SECRETARY OF STATE

(ion of apphoanomy	STATE OF IDAHO
1. The name of the limited liability of	company is:	
INTERMOUNTAIN INSURANCE & IN	VESTMENTS LLC	
2. The complete street and mailing a		nated office:
(Street Address) SAME AS ABOVE		
(Mailing Address, if different than street address	5)	
3. The name and complete street ac	dress of the registered agen	: :
ROBERT STANO	2243 DOROTHY AVE BOISE ID 83706	
(Name)	(Street Address)	
The name and address of at least company:	t one member or manager of	the limited liability
<u>Name</u>	<u>Address</u>	
ROBERT STANO	2243 DOROTHY AVE BOISE	ID 83706
5 1 1 1 1 1 1 1 1 1 1		
5. Mailing address for future corresp		es):
2243 DOROTHY AVE BOISE ID 8370	<u> </u>	
6. Future effective date of filing (opti	onal):	
(0)		
Signature of a manager, member of person.	or authorized	
person.	Se	cretary of State use only
Signature IM 190		
Typed Name: ROBERT STANO		
Signature		IDAHO_SECRETARY OF STATE
Typed Name:		03/05/2013 05:00 K: 1023 CT: 280197 BH: 1362997
	1	2 100.90 = 100.90 ORGAN LLC # 2

cert_org_llc Rev. 07/2010

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