



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 OCT 20 AM 10: 10

SECRETARY OF STATE
STATE OF IDAHO1. The name of the limited liability company is:

Blanchard Insurance Agency, LLC

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

11047 W Rose Lake St Star ID 83669

(Street Address)

(Mailing Address, if different than street address)

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

Tom Blanchard

(Name)

11047 W Rose Lake St Star ID 83669

(Street Address)

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

Name	Address
Tom Blanchard	11047 W Rose Lake St Star ID 83669

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

11047 W Rose Lake St Star ID 83669

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Tom Blanchard

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/20/2014 05:00

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