



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 FEB -4 AM 9:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Rowland Health Insurance LLC

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

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

1616 Seltice Way, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different)

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

Jaime Rowland

2711 W Blueberry Cir Hayden ID 83835

(Name)

(Address)

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

Jaime Rowland

2711 W Blueberry Cir Hayden ID 83835

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1616 Seltice Way, Post Falls, ID 83854

(Address)

Signature of organizer(s).

Printed Name: Jaime Rowland

Signature:

Printed Name:

Signature:

Secretary of State use only

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02/04/2016 05:00

CK:9520 CT:319892 BH:1512073

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