



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 MAR -4 AM 8:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SQUARE-STONE INSURANCE LLC

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

10887 USTICK RD APT 202, BOISE, ID 83713

(Street Address)

(Mailing Address, if different than street address)

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

ALANA FLETCHER

(Name)

10887 USTICK RD APT 202, BOISE, ID 83713

(Street Address)

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

Name

Address

ALANA FLETCHER

10887 USTICK RD APT 202, BOISE, ID 83713

NICHOLAS TAYLOR

10887 USTICK RD APT 202, BOISE, ID 83713

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

10887 USTICK RD APT 202, BOISE, ID 83713

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Marsha Siha

Typed Name: MARSHA SIHA

Signature

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
03/04/2011 05:00
CK: 24820 CT: 167501 BH: 1262713
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