



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2009 APR 27 PM 4: 11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Concierge Life Benefits, LLC

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

1330 N. Main Street

(Street Address)

Meridian, ID 83642

(Mailing Address, if different than street address)

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

Van Carlson

(Name)

1330 N. Main Street, Meridian, ID 83642

(Street Address)

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

Name

Address

Van Carlson

1330 N. Main Street, Meridian, ID 83642

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

PO Box 99 Meridian ID 83680

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

Typed Name:

Van Carlson

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
04/27/2009 05:00
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