



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 JUL 18 AM 9:26

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Riverside Benefits Idaho, LLC

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

490 Memorial Dr., Ste. 104, Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

David Alan Jones

(Name)

490 Memorial Dr., Ste. 104, Idaho Falls, ID 83402

(Street Address)

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

NameAddress

David Alan Jones

490 Memorial Dr., Ste. 104, Idaho Falls, ID 83402

Nancy K. Jones

490 Memorial Dr., Ste. 104, Idaho Falls, ID 83402

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

490 Memorial Dr., Ste. 104, Idaho Falls, ID 83402

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

Signature of a manager, member or authorized person.

Signature

Typed Name: David Alan Jones

Signature

Typed Name: Nancy K. Jones

Secretary of State use only

IDaho SECRETARY OF STATE
07/18/2013 05:00
CK: 5909 CT: 285419 BH: 1382518
1 e 100.00 = 100.00 ORGAN LLC # 2
1 e 20.00 = 20.00 EXPEDITE C # 3