

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY **FILED**

To the Secretary of State of Idaho
Corporations Division

700 West Jefferson Room 203
P.O. Box 83720 • Boise, ID 83720-0080

01/03/2000 09:00

SECRETARY OF STATE



1. The name of the limited liability company is: POVEY INSURANCE, L.L.C.
2. The address of the initial registered office is: 2479 Povey Road, American Falls,
(not a PO Box)
Idaho 83211 and the name of the initial registered agent at that address is: Wade G. Povey
Signature of registered agent: x Wade Povey
3. The latest date certain on which the limited liability company will dissolve: 12/31/2099
4. Is management of the limited liability company vested in a manager or managers?
☒ Yes ☐ No (check appropriate box)
5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.

Name:

Address:

Wade G. Povey

2479 Povey Road
American Falls, Idaho 83211

Susan S. Povey

2479 Povey Road
American Falls, Idaho 83211

6. Signature of at least one person listed in #5 above:

x Wade Povey

SECRETARY OF STATE

01/03/2000 09:00
CK: 3699 CT: 124720 BH: 270047

1 @ 100.00 = 100.00 ORGAN LLC # 2

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