

CERTIFICATE OF ORGANIZATION AUG 23 PM 2: 08

	01.10		back of application)	SECRETARY OF STATE STATE OF IDAHO	
1.	The na	The name of the limited liability company is:			
	Steve	Steve Sargent Agency LLC			
2.	The complete street and mailing addresses of the initial designated office: 301 Park Ave. Idaho Falls, ID 83402				
		(Street Address)			
		(Malling Address, if different than street address)			
3.	The na	The name and complete street address of the registered agent:			
	Stevan	Sargent	rgent 3058 Bechler Dr. Idaho Falls, ID 83401		
	(Name)		(Street Address)	(Street Address)	
4.	The nat	The name and address of at least one member or manager of the limited liability company:			
	Name.			<u>Address</u>	
	Stevan	Sargent	3058 Bechler Dr. Idaho	3058 Bechler Dr. Idaho Falls, ID 83401	
5.	5. Mailing address for future correspondence (annual report notices): 301 Park Ave. Idaho Falls, ID 83402				
6.	Future e	effective date of filing (o	optional):		
Sigr pers		of a manager member	er or authorized		
_	nature ed Name	e: Stevan Sargerit		Secretary of State use only	
Sign	nature			IDAHO SECRETARY OF STATE	
		e:		U8/23/2013 05:00 CK: 1525238 CT: 172699 BH: 1387321 1 0 100.00 = 100.00 ORGAN LC # 2	
				1 @ 20.00 = 20.00 EXPEDITE C # 3	

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9/21/2012