

FILED EFFECTIVE



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 FEB -1 AM 9:24

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

INSURANCE SOLUTIONS NORTHWEST, LLC

2. The street address of the initial registered office is:

1360 ELDERBERRY CIRCLE, COEUR D'ALENE, ID 83815

and the name of the initial registered agent at the above address is:

RICK MILLER

3. The mailing address for future correspondence is:

1360 ELDERBERRY CIRCLE, COEUR D'ALENE, ID 83815

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>RICK MILLER</u>	<u>1360 ELDERBERRY CIRCLE, C D'A, ID 83815</u>
<u>Tifani Young</u>	<u>6823 Legacy Dr, Rathdrum ID 83858</u>
_____	_____
_____	_____
_____	_____

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Rick Miller*

Typed Name: RICK MILLER

Capacity: MEMBER

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/01/2006 05:00
CK: 2101 CT: 196531 IN: 935385
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