

FILED EFFECTIVE

251



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2012 OCT 18 AM 11:47

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lupien Insurance LLC

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

1560 N Crestmont Drive, Suite C, Meridian, ID 83642
(Street Address)

(Mailing Address, if different than street address)

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

David Lupien

(Name)

1560 N Crestmont Drive, Suite C, Meridian, ID 83642

(Street Address)

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

NameAddress

David Lupien

1560 N Crestmont Drive, Suite C, Meridian, ID 83642

Ruby Lupien

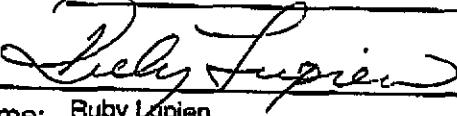
1560 N Crestmont Drive, Suite C, Meridian, ID 83642

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

2947 E Magic View Drive, Suite 1, Meridian, ID 83642

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

Signature of a manager, member or authorized person.

Signature Typed Name: David LupienSignature Typed Name: Ruby Lupien

Secretary of State use only

W118289