



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED

2013 NOV 25 AM 9:27

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ELISSA M. EDMONDS INSURANCE AGENCY, LLC

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

116 W. C STREET

(Street Address)

MOSCOW, IDAHO 83843

(Mailing Address, if different than street address)

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

ELISSA M. EDMONDS

(Name)

116 W C STREET MOSCOW, IDAHO 83843

(Street Address)

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

Name

Address

ELISSA M. EDMONDS

116 W C STREET MOSCOW, IDAHO 83843

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

116 W C STREET MOSCOW, IDAHO 83843

6. Future effective date of filing (optional): 1/1/2014

Signature of a manager, member or authorized person.

Signature Elissa M. Edmonds

Typed Name: ELISSA M EDMONDS

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/25/2013 05:00
CX: 5375 CT: 163684 BH: 1399346
1 @ 100.00 = 100.00 ORGAN LLC # 2

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