





STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0005194400

Date Filed: 4/11/2023 6:38:20 AM

Entity name EL 2. The complete street address of the principal office is: Principal Office Address 19 ID/ 3. The mailing address of the principal office is: Mailing Address 19 ID/ 4. Registered Agent Name and Address Registered Agent Registered Agent Reply 19 ID/ Ma 19	ndard (filing fee \$100)
Entity name EL 2. The complete street address of the principal office is: Principal Office Address Principal Office Address 19 10 3. The mailing address of the principal office is: Mailing Address 19 19 10 4. Registered Agent Name and Address Registered Agent Registered Agent 19 19 10 Ma 19 10 I affirm that the registered agent appointed has consented to so	
2. The complete street address of the principal office is: Principal Office Address 19 ID/ 3. The mailing address of the principal office is: Mailing Address 19 ID/ 4. Registered Agent Name and Address Registered Agent Registered Agent Registered Agent EL Phy 19 ID/ Ma 19 ID/ Ma 19 ID/ Signature of Organizer: Signature of Organizer:	nited Liability Company
Principal Office Address 19 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10	E-Mental Covers LLC
3. The mailing address of the principal office is: Mailing Address 19 ID/ 4. Registered Agent Name and Address Registered Agent Replay 19 ID/ 4. Registered Agent Replay 19 ID/ Ma 19 ID/ Ma 19 ID/ Signature of Organizer:	
3. The mailing address of the principal office is: Mailing Address 19 ID/ 4. Registered Agent Name and Address Registered Agent EL Phy 19 ID/ Ma 19 ID/ Ma 19 ID/ S. Governors Name Brian K Nielson 1919 PEGGYS LN IDAHO FALLS, ID 8 Signature of Organizer:	19 PEGGYS LN
Mailing Address 19 ID/ 4. Registered Agent Name and Address Registered Agent Re EL Phy 19 ID/ Ma 19 ID/ I affirm that the registered agent appointed has consented to se 5. Governors Name Brian K Nielson 1919 PEGGYS LN IDAHO FALLS, ID 8 Signature of Organizer:	AHO FALLS, ID 83402
4. Registered Agent Name and Address Registered Agent Re EL Phy 19 ID/ Ma 19 ID/ Ma 19 ID/ Signature of Organizer:	
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Registered Agent Registered Agent Phy 19 ID/ Ma 19 ID/ I affirm that the registered agent appointed has consented to so 5. Governors Name Brian K Nielson 1919 PEGGYS LN IDAHO FALLS, ID 8 Signature of Organizer:	AHO FALLS, ID 83402-1666
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ID/ Ma 19 ID/ I affirm that the registered agent appointed has consented to se 5. Governors Name Brian K Nielson 1919 PEGGYS LN IDAHO FALLS, ID 8	sical Address: I9 PEGGYS LN
Ma 19 ID/ I affirm that the registered agent appointed has consented to so 5. Governors Name Brian K Nielson 1919 PEGGYS LN IDAHO FALLS, ID 8 Signature of Organizer:	AHO FALLS, ID 83402
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Name Brian K Nielson 1919 PEGGYS LN IDAHO FALLS, ID 8 Signature of Organizer:	erve as registered agent for this entity.
Brian K Nielson 1919 PEGGYS LN IDAHO FALLS, ID 8 Signature of Organizer:	
Signature of Organizer:	Address
Signature of Organizer:	
	3402
Chevenne Moselev. Asst. Secretary of Legalzoom com Tr	
	c. 04/11/2023
Sign Here	Date