

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY2005 JAN -6 AM 9: 10

(Instructions on back of application)

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a de la companya del la companya de	(Illatidottorio di para		STAIR	
The nam	ne of the limited liability comp	any is:	STATE OF IDAHO	
	Senior Insurance Services Fi			<u> </u>
The stre	et address of the initial regist	ered office is:		
	ast Park Street, Suite 112, M		-3846	
	name of the initial registered			
	y Wayne Dean			
	iling address for future corres			
	Box 2352, McCall, ID 83638-			
			ested in:	
	ement of the limited liability co	_		
	er(s) or Member(s)		e appropriate box)	
مرسولة الأساء	ngement is to be vested in one s(es) of at least one initial ma er(s), list the name(s) and add	nager, it manag	Billifill is in he reside in a	d he
11101110	Name		Address	
		osa Shelia I	ane, McCall, ID 83638	
Stani	ey Wayne Dean			
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400				
. Signa	ture of at least one person res	pansible for forr	ming the limited liability co	ompany:
Signat	ure. Tatul Wayn	h / Cl	Contotant of State	use only
	Name: Stanley Wayne Dear	<u> </u>	uzation p	
Capac	ity: <u>Member</u>		rtsoforga:	
Signal	ure		Spenses 17000 2 2000 2	ECRETARY OF
•	Name:		Corp. Vorms. LLC forms and sold of the sol	T: 184991 - 100.00
Capac	city:		Month	

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