

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY 2005 DEC 12 AM 8: 22

FILED EFFECTIVE

	(Instructions on back of application) SECRETARY UP LIGHT STATE OF 104H0
1.	The name of the limited liability company is:
	ABSOLUTE INSURANCE SERVICES, L.L.C.
2.	The street address of the initial registered office is:
	1307 17TH AVENUE; LEWISTON, IDAHO 83501
	and the name of the initial registered agent at the above address is:
	ED A. WHITE
3.	The mailing address for future correspondence is:
	P.O. BOX 368; DONNELLY, ID 83615
4.	Management of the limited liability company will be vested in:
7.	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
	ED A. WHITE P.O. BOX 368; DONNELLY, ID 83615
6	Signature of at least one person responsible for forming the limited liability company:
	Sometime of State Use Only
	Typed Name: ED A. WHITE
	Typed Name: ED A. WHITE Capacity: MGR. Signature Typed Name:
	Signature
	Signature 7000000000000000000000000000000
	Capacity:
<u></u>	CK: 676317 CT: 172099 BH: 92613. 1 @ 100.00 = 100.00 ORGAN LLC #