

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 APR -2 AM 8: 48 SECRETARY OF STATE

7	(Instructions on back	of application) STATE OF IDAHO The property of the state of the stat	Δ
	The name of the limited liability com	mpany is:)"
	Idaho In	Insurance Solutions, LLC	
•		dresses of the initial designated/principal office: gle Road, Meridian, ID 83642	
		e Dr, Suite 215, Meridian, ID 83642	-
	(Mailing Address, if different than street address) The name and complete street address	ress of the registered agent:	
	Clark Nielsen	3006 E Goldstone Dr., Suite 215, Meridian, ID 83642	
	(Name)	(Street Address)	•
•	The name and address of at least one member or manager of the limited liability company:		
	Name	Address	
	Clark Nielsen	3006 E Goldstone Dr., Suite 215, Meridian, ID 83642	_
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			-
i.	Mailing address for future correspond	ndence (annual report notices): e Dr., Suite 215, Meridian, ID 83642	-
3 .	Future effective date of filing (options	nal);	.
_	nature of organizer(s). (An organizer is a ng in behalf of a member or members).		
-4"	00	Secretary of State use only	
•	nature Value V		
уp	ed Name: Clark Nielsen		
3igı	nature	IBAHO SECRETARY OF S 1904/0 SECRETARY OF S 1004/0 SECRETARY OF S	141 5
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