



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2013 AUG -8 AM 8:39

1. The name of the limited liability company is:

Sawtooth Employee Benefits LLC

SECRETARY OF STATE  
STATE OF IDAHO

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

1912 E Main St

PO Box 928

(Street Address)

Burley, ID 83318

(Mailing Address, if different than street address)

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

Kyle Carpenter

(Name)

1912 W Main St. Burley, ID 83318

(Street Address)

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

Name

Address

Kyle Carpenter

1912 W Main St. Burley, ID 83318

PO Box 928

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

~~1912 W Main St. Burley, ID 83318~~

PO Box 928

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Kyle Carpenter

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/08/2013 05:00  
CK: 8613 CT: 60806 BH: 1385358  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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