



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2016 MAR 31 PM 1:19

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Howell Insurance Agency LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

106 Valley View Dr

(Street Address)

Horseshoe Bend, Id, 83629

(Mailing Address, if different)

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

Patricia R Howell

106 Valley View Dr, Horseshoe Bend, Idaho 83629

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Patricia R Howell

106 Valley View Dr, Horseshoe Bend, Idaho 83629

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

106 Valley View Dr. Horseshoe Bend Idaho 83629

(Address)

Signature of organizer(s).

Signature: Patricia R Howell

Printed Name: Patricia R Howell

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/31/2016 05:00

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