



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED MOTIVE

05 DEC -2 AM 10:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DeArmond Insurance, LLC

2. The street address of the initial registered office is:

3999 East Overland Road, Meridian, ID 83642

and the name of the initial registered agent at the above address is:

Brent DeArmond

3. The mailing address for future correspondence is:

8403 Bloomfield Dr., Boise, ID 83704

4. Management of the limited liability company will be vested in:

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 |
|----------------|--------------------------------------|
| Alda DeArmond | 8403 Bloomfield Dr., Boise, ID 83704 |
| Brent DeArmond | 8403 Bloomfield Dr., Boise, ID 83704 |
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: [Signature]

Typed Name: Brent DeArmond

Capacity: Member

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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Revised 07/2002

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12/02/2005 05:00
CK: 4234 CT: 98628 BH: 924769
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