

FILED EFFECTIVE

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JAN 21 PM 3:58

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Crofoot Insurance L.L.C

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

112 Center Street Salmon ID 83467

(Street Address)

Salmon, ID

(Mailing Address, if different than street address)

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

Bart Crofoot

(Name)

128 Sandy Creek Road Salmon ID

(Street Address)

83467

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

Name

Address

Bart Crofoot128 Sandy Creek RoadSalmon, ID 83467

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

128 Sandy Creek Road Salmon ID 83467

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Bart Crofoot

Typed Name:

Bart S Crofoot

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

01/21/2015 05:00

CK:2512678 CT:172099 BH:1458097
10 100.00 = 100.00 ORGAN LLC #2

W146796