



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 NOV 24 AM 8:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Reliant Coverage LLC

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

205 S Queens Dr Nampa, ID 83687

(Street Address)

(Mailing Address, if different than street address)

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

Michelle Roberts

(Name)

205 S Queens Dr Nampa, ID 83687

(Street Address)

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

Name

Address

Michelle Roberts

205 S Queens Dr Nampa, ID 83687

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

205 S Queens Dr Nampa Id 83687

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Michelle Roberts

Signature

Typed Name:

Michelle Roberts

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
11/24/2009 05:00
CK: 1549 CT: 242527 BH: 1196672
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