

**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2013 DEC 24 AM 8:46

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Petersen Insurance Agency, LLC

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

74 Idaho Street South; Wendell Idaho 83355  
(Street Address)PO Box 600; Wendell Idaho 83355  
(Mailing Address, if different than street address)

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

Brian Petersen  
(Name)74 Idaho Street South; Wendell ID 83355  
(Street Address)

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

Name	Address
<u>Brian Petersen</u>	<u>74 Idaho Street South; Wendell ID 83355</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

PO Box 600; Wendell ID 83355

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 [Signature]  
Typed Name: Brian PetersenSignature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

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12/24/2013 05:00  
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