



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

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

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 MAY -3 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Heider Insurance, 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:

195 River Vista Place, Suite 206, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different)

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

Ryan Heider

195 River Vista Place, Suite 206, Twin Falls, ID 83301

(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:

Ryan Heider

195 River Vista Place, Suite 206, Twin Falls, ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

195 River Vista Place, Suite 206, Twin Falls, ID 83301

(Address)

Signature of organizer(s).

Signature: Ryan Heider

Printed Name: Ryan Heider

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/03/2017 05:00

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