



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
08 FEB 29 AM 9:24  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

ROCKWOOD INSURANCE AGENCY, LLC

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

1110 W. PARK PLACE, SUITE 221, COEUR D'ALENE, ID 83816

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

MICHAEL R. CHAPMAN

3. The mailing address for future correspondence is:

PO BOX 1600, COEUR D'ALENE, ID 83816

4. The limited liability company will be:

Manager-managed ☒ or Member-managed ☐ (please check the appropriate box)

5. If manager-managed, list the name(s) and address(es) of at least one initial manager.  
If member-managed, list the name(s) and address(es) of at least one initial member.

Name

Address

DAVE BABB

C/O CHAPMAN LAW OFFICE

JAMES SOKOLIS

PO BOX 1600

COEUR D'ALENE, ID 83816

6. Signature of at least one person responsible for forming the limited liability company:

Signature: [Signature]

Typed Name: MICHAEL R. CHAPMAN

Capacity: AUTHORIZED ORGANIZER

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

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02/29/2008 05:00  
CK: 1659 CT: 185746 BH: 1102045  
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