



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 JUN 20 PM 4:34

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Medicare Insurance Choices L.L.C.

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

12868 W Ginger Creek Drive, Boise, Id. 83713-0004

(Street Address)

(Mailing Address, if different than street address)

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

Charles H. Weir

(Name)

12868 W Ginger Creek Drive, Boise, Id. 83713-0004

(Street Address)

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

Name

Address

Charles H Weir

12868 W Ginger Creek Drive, Boise, Id. 83713-0004

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

Charles H Weir; 12868 W Ginger Creek Drive; Boise, Id. 83713-0004

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Charles H Weir

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/21/2012 05:00
CK: CASH CT: 271641 BH: 1329173
1 @ 100.00 = 100.00 ORGAN LLC # 2

W114994