



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 DEC 23 AM 10:42

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Preferred Risk Management Services LLC

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

17 N. Sceirine Lane Nampa, ID 83687

(Street Address)

(Mailing Address, if different than street address)

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

Bryon J. Hunter

(Name)

17 N. Sceirine Lane Nampa, ID 83687

(Street Address)

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

Name

Address

Bryon J. Hunter

17 N. Sceirine Lane Nampa, ID 83687

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

17 N. Sceirine Lane Nampa, ID 83687

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Bryon J. Hunter

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/23/2014 05:00

CK:2446014 CT:172099 BH:1454131

10 100.00 = 100.00 ORGAN LLC #2

W145738