



STATE OF IDAHO

Office of the secretary of state, Phil McGrane
**CERTIFICATE OF ORGANIZATION LIMITED
LIABILITY COMPANY**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005360289

Date Filed: 8/10/2023 2:52:07 PM

Certificate of Organization Limited Liability Company					
Select one: Standard, Expedited or Same Day Service (see descriptions below)					
Standard (filing fee \$100)					
1. Limited Liability Company Name					
Type of Limited Liability Company	Limited Liability Company				
Entity name	Encore Health Insurance LLC				
2. The complete street address of the principal office is:					
Principal Office Address	8558 W LIBERTY DR SPIRIT LAKE, ID 83869				
3. The mailing address of the principal office is:					
Mailing Address	8558 W LIBERTY DR SPIRIT LAKE, ID 83869				
4. Registered Agent Name and Address					
Registered Agent	Elisika Arango Registered Agent Physical Address 8558 W LIBERTY DR SPIRIT LAKE, ID 83869 Mailing Address 8558 W LIBERTY DR SPIRIT LAKE, ID 83869-8863				
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.					
5. Governors					
<table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Elisika Arango</td> <td>8558 W LIBERTY DR SPIRIT LAKE, ID 83869</td> </tr> </tbody> </table>		Name	Address	Elisika Arango	8558 W LIBERTY DR SPIRIT LAKE, ID 83869
Name	Address				
Elisika Arango	8558 W LIBERTY DR SPIRIT LAKE, ID 83869				
Signature of Organizer:					
Elisika Arango	08/10/2023				
Sign Here	Date				