



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 FEB 11 AM 8:59

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

LANDERS INSURANCE LLC.

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

1218 E. SHERMAN AVE.

(Street Address)

COEUR D ALENE, ID 83814

(Mailing Address, if different than street address)

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

PAUL LANDERS

(Name)

1218 E. SHERMAN AVE. COEUR D ALENE, ID 83814

(Street Address)

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

**Name**

**Address**

PAUL LANDERS

1218 E. SHERMAN AVE. COEUR D ALENE, ID 83814

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

1218 E. SHERMAN AVE. COEUR D ALENE, ID 83814

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: PAUL LANDERS

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/11/2011 05:00  
CK: 1017 CT: 255433 BN: 1259703  
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