## FILED EFFECTIVE



Rev. 03/2015

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code
Filing fee: \$100 typed, \$120 not typed
Complete and submit the application in duplicate.

2016 JAN 25 AM 10: 54

STATE OF IDAHO

	D Benton Insurance Agency	, 110
(Remember to includ		mited Company," or the abbreviations E.L.C., Lt.C. or EC)
The complete street ar	nd mailing addresses of the p	rincipal office is:
·	t, Suite K, Boise, Idaho 83706	· · · · · · · · · · · · · · · · · · ·
(Sizeat Address)	, 00.00, 10.00	
(Malling Address, If citierent)		
The name and comple	te street address of the regist	tered agent:
Duffy Benton	4795 West Emerald Street, Suite K, Bolse, Idaho 83706 (County of Ada)	
(Name)	(Address)	
The manager and address.		ha limitad liability acronomy
	s of at least one governor of the	• • • •
Duffy Benton	4795 West Emerald Street, Suite K, Boise, Idaho 83706	
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
	, ,	
Mailing address for fut	ure correspondence (annual	report notices):
4795 West Emerald Street	, Suite K, Boise, Idaho 83706	
(Address)	<u> </u>	
ature of organizer(s).		Secretary of State use only
Cheyenne Mo ted Name: <u>Secretary, Lec</u>	seley, Assistant aliZoom.com. inc.	Southeary of State use only
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		IDAHO SECRETARY OF STATE
fed Name:		01/25/2016 05:00 CK:3545008 CT:172099 BH:151014
		10 100.00 = 100.00 ORGAN LLC #
ature:		16 20.00 = 20.00 EXPEDITE C #:

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