



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 MAR 28 AM 9:00

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Lakes Independent Insurance Agency LLC

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

5986 N, La Rochelle Drive Cœur d'Alene, ID  
(Street Address)

83815

(Mailing Address, if different than street address)

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

David R. Weeks

(Name)

5986 N. La Rochelle Dr. Cœur d'Alene ID

83815

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

Name

Address

David R. Weeks

5986 N. La Rochelle Dr. Cœur d'Alene ID  
83815

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

5986 N. La Rochelle Dr. Cœur d'Alene, ID 83815

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

Signature of a manager, member or authorized person.

Signature

Typed Name: David R. Weeks

Signature

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

Secretary of State use only

IDaho SECRETARY OF STATE  
03/28/2013 05:00  
CK: 2602 CT: 264307 BH: 1366830  
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