



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 MAR 28 AM 9:00

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 Coeur 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. Coeur d'Alene ID  
(Street Address)  
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. Coeur d'Alene ID  
83815

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

5986 N. La Rochelle Dr. Coeur 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

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03/28/2013 05:00  
CK: 2602 CT: 264307 BH: 1366030  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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