

ARTICLES OF ORGANIZATION 12 10 9: 00

FILED EFFECTIVE

(Instructions on back of application)

1.	The name of the limited liability company is: Johansen Insurance, LLC	
2.	The street address of the initial registered office is:	
	1471 Shoreline Drive, Suite 100	
	and the name of the initial registered agent at the above address is: Robert L. Drozda	
3.	The mailing address for future correspondence is:	
	2932 N. Nystrom Place, Boise, ID 83713	
4.	Management of the limited liability company will be vested in:	
	Manager(s) or Member(s) (please check the appropriate box)	
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.	
	Name Address	ļ
	Eric Johansen 2932 N. Nystrom Place, Boise, ID 83713	
6	Signature of at least one person reapposible for forming the limited High Hills	
	Signature of at least one person responsible for forming the limited liability company:	
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(Capacity: Managing Member	
٥	Specific Johansen Capacity: Managing Member Signature	
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	Capacity:	:7 # 2

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