



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE 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 JUL 13 AM 8:47

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Jones Insurance Agency LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

23773 Fargo Rd Parma ID 83660

(Street Address)

(Mailing Address, if different)

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

ELENA JONES

23773 FARGO RD PARMA ID 83660

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Elena Jones

23773 Fargo Rd Parma ID 83660

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

23773 Fargo Rd Parma ID 83660

(Address)

Signature of organizer(s).

Signature: Elena Jones

Printed Name: Elena Jones

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

07/13/2016 05:00

CK:2605 CT:326742 BH:1537393

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