



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 DEC -7 PM 1:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

FARMERS INSURANCE GODINA AGENCY LLC

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

2707 GARRITY BLVD SUITE #5 NAMPA ID 83687

(Street Address)

(Mailing Address, if different than street address)

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

STEPHEN GODINA

(Name)

2707 GARRITY BLVD SUITE #5 NAMPA ID 83687

(Street Address)

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

Name

STEPHEN GODINA

Address

2707 GARRITY BLVD SUITE #5 NAMPA ID 83687

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

2707 GARRITY BLVD SUITE #5 NAMPA ID 83687

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Stephen GodinaTyped Name: STEPHEN GODINA

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
12/07/2012 05:00
CK: 1217779 CT: 172099 BH: 1350490
1 @ 100.00 = 100.00 ORGAN LLC # 2