



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2013 JUL -2 PM 12: 02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Forsch Insurance and Financial Services

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

7960 W. Rifleman Boise ID 83704

(Street Address)

9188 W. Leinda Boise ID 83704

(Mailing Address, if different than street address)

LLC

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

Hailey Forsch

(Name)

9188 W. Leinda Boise 83704

(Street Address)

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

Hailey Forsch

Name

9188 W. Leinda Boise 83704

Address

Eric Forsch

9188 W. Leinda Boise 83704

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

9188 W. Leinda Boise, ID 83704

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

Signature of a manager, member or authorized person.

Signature Hailey Forsch

Typed Name: Hailey Forsch

Signature Eric Forsch

Typed Name: ERIC FORSCH

Secretary of State use only

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