



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

SMALL BUSINESS INSURANCE, LLC

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

1288 W CENTENNIAL DRIVE, COEUR D ALENE, ID 83815-8648

(Street Address)

(Mailing Address, if different than street address)

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

DEL J. STILL

(Name)

1288 W CENTENNIAL DR COEUR D ALENE, ID 83815

(Street Address)

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

Name

Address

DEL J. STILL

1288 W CENTENNIAL DR COEUR D ALENE ID 83815

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

1288 W CENTENNIAL DRIVE, COEUR D ALENE, ID 83815-8648

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Secretary of State use only

Signature

Typed Name: DEL J. STILL

Signature

Typed Name:

IDaho SECRETARY OF STATE
02/21/2012 05:00
CK: 989946 CT: 172099 BH: 1311567
1 @ 100.00 = 100.00 ORGAN LLC # 2

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