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: 1.288 W CENTENNIAL DRIVE, COEUR D ALENE, ID 83815-8848 (Bitweit Address) 3. The name and complete street address) 3. The name and complete street address of the registered agent: DEL J. STILL 1.288 W CENTENNIAL DRIVE, COEUR D ALENE, ID 83815-8848 (Bitweit Address) 3. The name and address of at least one member or manager of the limited liability company: Name Address DEL J. STILL 1.288 W CENTENNIAL DR COEUR D ALENE, ID 83815 6. The name and address of at least one member or manager of the limited liability company: Name Address DEL J. STILL 1.288 W CENTENNIAL DR COEUR D ALENE, ID 83815 5. Mailing address for future correspondence (annual report notices): 1.288 W CENTENNIAL DRIVE, COEUR D ALENE, ID 83815-8648 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature DEL J. STILL DEL J. STILL DEL J. STILL 1.880 SERETION OF STIRT Signature DEL J. STILL 1.980 SERETION OF STIRT 1.980 SERETION OF STIRT Signature DEL J. STILL 1.980 SERETION OF STIRT 1.980 SERETION OF STIRT 0.975 1029 DIST. 111557 1.980 SERETION OF STIRT 1.980 SERETION OF STIRT 0.975 1029 DIST. 111557 1.980 SERETION OF STIRT 0.975 1029 DIST. 111557 1.980 SERETION OF STIRT 1.980 SERETION OF	251		FILED EFFECTIVE
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Signature of a manager, member or authorized person.	•	• • •	notices):
person. Secretary of State use only Signature	6. Future effective date of filing (or	otional):	
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