



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

FEB 18 AM 8:41

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

INLAND INSURANCE ADVISORS LLC.

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

305 VISTA DR. COEUR D'ALENE, ID. 83815

(Street Address)

PO BOX 1375 COEUR D'ALENE, ID. 83816-1375

(Mailing Address, if different than street address)

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

JAMES W. UMMEL

(Name)

305 VISTA 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

JAMES W. UMMEL

305 VISTA DR. COEUR D'ALENE, ID. 83815

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

PO BOX 1375 COEUR D'ALENE, ID. 83816-1375

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: JAMES W. UMMEL

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/18/2011 05:00  
CK: 9772 CT: 255658 BH: 1260784  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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