



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 JUL 21 AM 9:21

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Desiree Jachetta Insurance Agency, LLC

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

11 Highway 57, Priest River, ID 83856

(Street Address)

PO Box 207, Priest River, ID 83856

(Mailing Address, if different than street address)

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

Desiree Jachetta

(Name)

11 Highway 57, Priest River, ID 83856

(Street Address)

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

Name	Address
<u>Desiree Jachetta</u>	<u>11 Highway 57, Priest River, ID 83856</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

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

PO Box 207, Priest River, ID 83856

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Desiree Jachetta

Typed Name: Desiree Jachetta

Signature

Typed Name:  

Secretary of State use only

IDAHO SECRETARY OF STATE

07/21/2014 05:00

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