

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 APR 12 AM 8: 32

Chires-ty City Insurance, LLC  The complete street and mailing addresses of the initial designated/principal office:    Social	1. The	e name of the limited liability compar	ny is:			TARY OF STA	TÉ
Street   Mostaus   TD   SSE43   Signet Address   Follow   TD   SSE43   Signet Address   To   SSE43   SSE43   Signet Address   To   SSE43   Signet Address   To   SSE43   Signet Address   To   SSE43   Signet Address   To   SSE43   SSE44   Signet Address   To   SSE43   Signet Address   To   SSE43   Signet Address   To   SSE43   Signet Address   To   SSE43   SSE44   Signet Address   To   SSE44   Signet Address   Signet Add	****	University City Insurance	a, LL	<u>.                                    </u>	-		
Street   Mostaus   TD   SSE43   Signet Address   Follow   TD   SSE43   Signet Address   To   SSE43   SSE43   Signet Address   To   SSE43   Signet Address   To   SSE43   Signet Address   To   SSE43   Signet Address   To   SSE43   SSE44   Signet Address   To   SSE43   Signet Address   To   SSE43   Signet Address   To   SSE43   Signet Address   To   SSE43   SSE44   Signet Address   To   SSE44   Signet Address   Signet Add	2. The	e complete street and mailing addres	ses of the	initial des	signated/pri	ncipal office:	
(Mailing Address. if different than street address)  3. The name and complete street address of the registered agent:  Michael Osterholz  Siro Clastrut, Tray, TD 8387/  (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  Michael Osterholz  S70 Clastrut, Tray, TD 8387/  5. Mailing address for future correspondence (annual report notices):  P.O. Box 8567, Mayow, TD 83843  6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).  Signature  Signature  Signature  Signature  Signature  Signature  Signature  Timed Name:  Ti		20 Line Street, Mosions	ID 8	35843			<del></del>
3. The name and complete street address of the registered agent:    Alichael Octential   Stochastrut   Tray   TD 8387/     Address   Address	(3)						* * ;
Michael Osterholz  Street Address  4. The name and address of at least one member or manager of the limited liability company:  Name  Michael Osterholz  Sto Clestrut, Tray, TD 8387/  Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).  Signature							
4. The name and address of at least one member or manager of the limited liability company:  Name  Address  Address  Address  Address  Address  Figure Control  Sterhol  Steretary of State use only  Sterhol  Sterhol  Sterhol  Sterhol  Steretary of State use only  Sterhol  Sterhol  Sterhol  Sterhol  Steretary of State use only  Sterhol	3. The	e name and complete street address	of the reg	gistered ag	jent:		
Michael Osterholz 570 Clistant, Tray, TD 8387/  5. Mailing address for future correspondence (annual report notices):  P.O. Box 8567, Moscow, TD 83843  6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).  Signature Michael Osterholz  Signature Signature  Typed Name: Vision Osterholz  Signature  1000  10	/N	Michael Osterholz 5	70 Clo	strut;	Try, I	D 8387/	#1 ' 
Michael Osterholz  5. Mailing address for future correspondence (annual report notices):  P.O. Box 8567 Mossow, TD 83843  6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).  Signature  Typed Name:  Michael Osterholz  Signature  Signature  IDANO SECRETARY OF STATE  64/12/2616 85:86			nember o	r manager	of the limit	ed liability	
P.O. Box 8567 Moscow, ID 83843  6. Future effective date of filing (optional):  Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).  Signature  Typed Name: Mishael Osterhalz  Signature  Typed Name: IDANO SECRETARY OF STATE  Typed Name: 12/2010 65:00		Vichael Osterholz S	70 Clas	staut,	ddress Toy, IJ	8387/	· · · · · · · · · · · · · · · · · · ·
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Signature IDANO SECRETARY OF STATE TURNED Name: IDANO SECRETARY OF STATE	acting in	n behalf of a member or members).		-	Secretary of	State use only	
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