



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 APR 12 AM 8:32

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

University City Insurance, LLC

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

120 Line Street, Moscow, ID 83843
(Street Address)

P.O. Box 8567, Moscow, ID 83843
(Mailing Address, if different than street address)

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

Michael Osterholz
(Name)

510 Chestnut, Troy, ID 83871
(Street Address)

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

Name	Address
<u>Michael Osterholz</u>	<u>510 Chestnut, Troy, ID 83871</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

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 [Signature]

Typed Name: Michael Osterholz

Signature _____

Typed Name: _____

Secretary of State use only

9/10/2008 L.C. Form 1001 Rev. 07/2008

IDAHO SECRETARY OF STATE
04/12/2010 05:00
CK: 1290 CT: 238542 BH: 1217190
1 @ 100.00 = 100.00 ORGAN LLC # 3

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