251	FILED EFFECTIVE
CERTIFICATE OF ORGANIZATIO	
(Instructions on back of application)	SECRETARY OF STATE
1. The name of the limited liability company is:	STATE OF IDAHO
SIMPLIFIED LIFE INSURANCE OGENCELL.	
2. The complete street and mailing addresses of the initial designated/principal office	
Street Address) (Street Address)	2150 TD 83109
(Mailing Address, if different than street address)	TD 83634
3. The name and complete street address of the registered agent:	
	Denflower ave na ID 53634
4. The name and address of at least one member or manager of the limited liability company:	
Jaimi Furgerson-Rich 3510 n CO	Address
	D 83634
	·
5. Mailing address for future correspondence (annual report notices):	
356 n cornflower ave kun	a. TD 83634
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 Jaimentingerson) - Ruch	Secretary of State use only
Signature <u>Jaimi furgesson</u> - Rich Typed Name: Jaimi FurgerSON-RICH	
	IDAHO SECRETARY OF STATE
Signature	07/29/2008 05:00 CK: 1865201627 CT: 228297 BH: 1129169 1 8 188.08 = 180.88 ORGAN LLC # 2
Typed Name:	
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