

Signature:_

Rev. 11/2015

Printed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2016 MAR 24 AM 11:43

Complete and submit the application in duplicate.

SECRETARY OF STATE

The name of the limited liability	company is:	STATE OF IDAHO
Ryan & Associates Insurance,	· · · · · ·	
	s "Limited Liability Company," "Limited Company," o	the abbreviations L.L.C., LLC, or LC)
	g addresses of the principal office is:	
253 S. Main Street Suite 106 I	Origgs, Idaho, 83422	
Street Address) PO BOX 783 Driggs, Idaho, 83	422	
Mailing Address, if different)	· (& L	
The name of the registered age	ent and street address of the registered	d agent:
Amanda Jennifer Ryan	253 S. Main Street Suite 106 Driggs, Idaho, 83422	
(Name)	(Address cannot be a post office box or postal	mail box)
The name and address of at le	ast one governor of the limited liability	company:
Amanda Jennifer Ryan	PO BOX 783 Driggs, Idaho, 83422	
(Name)	(Address)	
•	, , , , , , , , , , , , , , , , , , ,	
Stantal		
(Nanie)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
Basilian address for future gove	conandance (annual report nations):	
PO BOX 783 Driggs, Idaho, 83	espondence (annual report notices):	
(Address))+ZZ	
(day or a second of the secon		
ature of organizer(s).		.
atura Armanda 1. F	Sec	cretary of State use only
ature: <u>Armanda, J. K</u>	}	
ed Name: Amanda Jennifer Ry	an	IDAHO SECRETARY OF STATE

1DAHO SECRETARY OF STATE 03/24/2016 05:00

CK:3716230 CT:172099 BH:1520237 10 100.00 = 100.00 ORGAN LLC #2 10 20.00 = 20.00 EXPEDITE C #3

W16386Z