FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION

(Instructions on back of app		of application) SECHETARY OF STATE STATE OF IDAHO
The nam	e of the limited liability cor	
	Corinn	ne Meyer Insurance, LLC
The com	plete street and mailing ad	dresses of the initial designated/principal office:
	rest Ave., American Falls, Idaho	83221
(Street Add	ress)	
	dress, if different than street address)	
The nam	e and complete street add	ress of the registered agent:
United St	tates Corporation Agents, Inc.	950 Bannock Street, Suite 1100, Boise, ID 83702
(Name)	actor Corporation, inc.	(Street Address)
The nam company		one member or manager of the limited liability Address
Kathryn	Corline Meyer	420 Hillcrest Ave., American Falls, Idaho 83221
		
		ndanas (amanal report actions):
_	address for future correspo rest Ave., American Falls, Idaho	ndence (annual report notices):
420 Mile	rest Ave., American Fails, Idano	100221
Future e	ffective date of filing (option	nal):
	of a manager, member o	r authorized
	of a manager, member of	r authorized Secretary of State use only
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rson. gnature ped Name	cheyenne Moseley, Assistar	Secretary of State use only Int. IDAHO SECRETARY OF ST O9/02/2015 05: CK: 3175238 CT: 172099 BB
son. nature ped Name nature	Cheyenna Moseley, Assistar Secretary, LegalZoom.com,	Secretary of State use only Int. IDAHO SECRETARY OF ST O9/02/2015 05: CK: 3175238 CT: 172099 BH

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