

Signature:

Rev. 11/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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

Complete and submit the application in duplicate.

FILED EFFECTIVE

THE STANLE

SECRETARY OF STATE

The name of the limited liability company is:		OWIT ALIDANO
KASEY KIERNAN INSURANC	E LLC	
(Remember to include the wor	ds "Limited Liability Company," "L	imited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street and mailir	ng addresses of the princ	ipal office is:
914 E. ELGIN ST., CALDWEL	L ID 83605	
Street Address)		
914 E. ELGIN ST., CALDWEL	L ID 83605	
Abeling Awarest (1985-ben)		
The name of the registered ag	ent and the street addres	ss of the registered agent:
LEONA K SWINFORD	914 E. ELGIN ST., CALDWELL ID 83605	
Name)	(Address cannot be a post office box or postal mail box.)	
The name and address of at le	east one governor of the l	imited liability company
LEONA K SWINFORD	914 E. ELGIN ST., CALDWELL ID 83605	
Name)	(Address)	., CALDVIELL ID 00003
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
(Control of the Control of the Contr	(man von)	
Mailing address for future corr	espondence (annual rep	ort notices):
914 E. ELGIN ST., CALDWEL	L ID 83605	
(Address)	4-4	
nture of organizer(s).	1%	
ature: J. Kasuff	wingord	Secretary of State use only
LEONA K SWINED		IDAHO SECRETARY OF STATE
led Name: LEONA K. SWINFORD		01/16/2018 05:00

CK:1571 CT:325449 BH:1621238 1@ 100.00 = 100.00 ORGAN LLC #3

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