



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 18 PM 2:07

1. The name of the limited liability company is:

Idaho Health Benefits Group, LLC

SECRETARY OF STATE  
STATE OF IDAHO

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

3660 N Falcon Ridge Ln Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Jennifer Harmon

3660 N Falcon Ridge Ln Eagle, ID 83616

(Name)

(Street Address)

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

**Name**

**Address**

Jennifer Harmon

3660 N Falcon Ridge Ln Eagle, ID 83616

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

3660 N Falcon Ridge Ln Eagle, ID 83616

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: Jennifer Harmon

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

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Revised 07/2008

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