



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2003 MAR -4 PM 2: 10

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
S.H.I.P.S. Senior Health Insurance Protection Services LLC

2. The street address of the initial registered office is:
6344 Foothills Rd Star ID 83669

and the name of the initial registered agent at the above address is:
Julia Fenwick

3. The mailing address for future correspondence is:
P.O. Box 623, Eagle ID 83616

4. Management of the limited liability company will be vested in:
Manager(s) or Member(s) (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>David Fenwick</u>	<u>P.O. Box 623 Eagle ID 83616</u>
<u>Andrew Hicks</u>	<u>P.O. Box 623 Eagle ID 83616</u>
<u>Julia Fenwick</u>	<u>P.O. Box 623 Eagle ID 83616</u>
_____	_____
_____	_____
_____	_____

6. Signature of at least one person responsible for forming the limited liability company:

Signature: [Signature]
Typed Name: Julia Fenwick
Capacity: President, Chief Operating Officer

Signature _____
Typed Name: _____
Capacity: _____

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Revised 07/2002

Secretary of State use only

IDAHO SECRETARY OF STATE
03/04/2003 05:00
CK: 1105 CT: 167947 BH: 666390
1 @ 100.00 = 100.00 ORGAN LLC # 2

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