



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JAN 14 AM 8:27

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Associated Benefit Consultants, LLC

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

86 N 760 W, Blackfoot, ID 83221

(Street Address)

(Mailing Address, if different than street address)

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

Troy M. Goodwin

86 N 760 W, Blackfoot, ID 83221

(Name)

(Street Address)

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

**Name**

**Address**

Troy M. Goodwin

86 N 760 W, Blackfoot, ID 83221

David H. Parker

2506 W 2000 N, Rexburg, ID 83440

Mark S. Semons

2485 Cimmaron Circle, Pocatello, ID 83204

Raymond M. Severe

1599 Bluebird Lane, Idaho Falls, ID 83402

Trent J. Sutton

2720 Castle Peak Way, Pocatello, ID 83201

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

86 N 760 W, Blackfoot, ID 83221

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

Typed Name:

Troy M. Goodwin

Signature

Typed Name:

Secretary of State use only

W89771

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01/14/2010 05:00  
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