

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JAN 14 AM 8: 27

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

ignature of organizer(s). (An organizer is a member, or is citing in behalf of a member or members). Secretary of State use only secretary of State use only Secretary of State use only	. The name of the limited liability	company is:
(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 83221 David H. Parker 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. Mailling 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 citing in behalf/on member or members).	Associ	ociated Benefit Consultants, LLC
(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 (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 5. Future effective date of filing (optional): ignature of organizer(s). (An organizer is a member, or is sting in behalf of a member or members).	The complete street and mailing	addresses of the initial designated/principal office:
(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) 3. 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 Climmaron Circle, Pocatello, ID 83204 Raymond M. Severe 1599 Bluebird Lane, Idaho Falls, ID 83402 Trent J. Sutton 2720 Castle Peak Way, Pocatello, ID 83201 3. Mailling address for future correspondence (annual report notices): 86 N 760 W, Blackfoot, ID 83221 3. Future effective date of filling (optional): Secretary of State use only	86 N	N 760 W, Blackfoot, ID 83221
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(Name) (Street Address) The name and address of at least one member or manager of the limited liability company: Name	. The name and complete street a	address of the registered agent:
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Trent J. Sutton 2720 Castle Peak Way, Pocatello, ID 83201 Mailing address for future correspondence (annual report notices): 86 N 760 W, Blackfoot, ID 83221 Future effective date of filing (optional): gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members). Secretary of State use only	Mark S. Semons	2485 Cimmaron Circle, Pocatello, ID 83204
Mailing address for future correspondence (annual report notices): 86 N 760 W, Blackfoot, ID 83221 Future effective date of filing (optional): gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members). Secretary of State use only	Raymond M. Severe	1599 Bluebird Lane, Idaho Falls, ID 83402
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