



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2014 NOV 18 AM 8:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

James Wilhelmsen Insurance Agency LLC

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

1306 E 17th Street, Idaho Falls, Idaho, 83404

(Street Address)

(Mailing Address, if different than street address)

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

James Wilhelmsen

(Name)

1313 Hammerstone Dr., Idaho Falls, Idaho, 83401

(Street Address)

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

Name

James Wilhelmsen

Address

1306 E 17th St, Idaho Falls, Idaho, 83404

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

1306 E 17th St, Idaho Falls, Idaho, 83404

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature James Wil
Typed Name: James Wilhelmsen

Signature _____
Typed Name: _____

Secretary of State use only

IDAMO SECRETARY OF STATE
11/18/2014 05:00

CK:1022 CT:303315 BH:1449748
1G 100.00 = 100.00 ORGAN LLC #2

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