



# 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

Address

James Wilhelmsen

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

Typed Name: James Wilhelmsen

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

11/18/2014 05:00

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