



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 JAN 15 AM 9:26

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Purpose Driven Assurance Benefits LLC

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

4313 Idaho Ave., Caldwell Idaho 83607

(Street Address)

(Mailing Address, if different than street address)

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

Karle Murray

(Name)

4313 Idaho Ave., Caldwell Idaho 83607

(Street Address)

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

**Name**

**Address**

Karle Murray

4313 Idaho Ave., Caldwell, Idaho 83607

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

4313 Idaho Ave., Cladwell, Idaho 83607

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Karle Murray

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/15/2013 05:00  
CK: 227 CT: 278209 BH: 1355773  
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