

Typed Name: \_\_\_\_\_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

12 JAN 20 PM 3: 03

T	(Instructions on bac	k of application)	12 JAN 20 PM 3. U3
1.	The name of the limited liability co	ompany is: The Son Group, LLC	STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated office:		
	6301 Overland Road, Ste. 101 Boise, ID 83709		
	(Street Address) SAME		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Kelly H. Link	12530 W. LExus Ct. Bo	oise, ID 83713
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Address	
	Mustard Seed Financial & InsuranceInc	6301 Overland Road, Ste. 101 Boise, ID 83709	
	Advocate Insurance Service, Inc.	506 Alder St. Sandpoint, ID 83864	
		,	
5.	Mailing address for future correspo	ndence (annual repor	t notices):
	6301 Overland Road, Ste. 101 Boise, ID 83709		
6	Future effective date of filing (option	nal)·	
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pers	nature of a manager, member of	rautnorized	
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_	ed Name: Kelly H. Link		
7.			IDANO SECRETARY OF STATE
Siar	ature		CK: 882994 CT: 172699 BH: 1387874
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