



# CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN -2 PM 2:51

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Mosaic Advisors, LLC

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

1048 West State Street Meridian, ID 83642

(Street Address)

(Mailing Address, if different than street address)

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

Adrean Casper

(Name)

1048 West State Street Meridian, ID 83642

(Street Address)

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

**Name**

Adrean Casper

**Address**

1048 West State Street Meridian, ID 83642

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

1048 West State Street Meridian, ID 83642

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

*Adrean Casper*

Typed Name:

Adrean Casper

Signature

Typed Name:

Secretary of State use only

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IDAHO SECRETARY OF STATE  
06/02/2010 05:00  
CK: 1109 CT: 248539 BH: 1224987  
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