

251

FILED EFFECTIVE



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

2013 APR 17 AM 8:24

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

LAMPLIGHT INSURANCE SOLUTIONS LLC

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

1250 S. Allante Ave, Boise, ID 83709

(Street Address)

(Mailing Address, if different than street address)

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

KEEFAN CARON

(Name)

1250 S. Allante Ave, Boise, ID 83709

(Street Address)

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

Name

Address

KEEFAN CARON

1250 S. Allante Ave, Boise, ID 83709

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

1250 S. Allante ave, Boise, ID 83709

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: KEEFAN CARON

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/17/2013 05:00
CK: 1364583 CT: 172099 BH: 1369797
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