CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2008 SEP 15 PM 1: 57

1.	The name of the limited liability comp	STATE OF TUARU	
	Mountain Sta	ates-Barrett Insurance, LLC	
2.	The complete street and mailing addre	resses of the initial designated/principal office:	
	868 Washington Street, Montpeller, ID 83254		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address	ss of the registered agent:	
	Carol A. Hulme	868 Washington Street, Montpelier, ID 83254	
	(Name)	(Street Address)	
4.	The name and address of at least one company:	e member or manager of the limited liability	
	Name	<u>Address</u>	
	Thomas L. Hulme	868 Washington Street, Montpelier, ID 83254	
	Carol A. Hulme	868 Washington Street, Montpelier, ID 83254	
5.	Mailing address for future correspond	dence (annual report notices):	
J.	868 Washington Street, Montpelier, ID 83254		
6. Future effective date of filing (optional):			
Ψ.	, attack a control of the control of		
Signature of organizer(s). (An organizer is a member, or is			
-	ing in behalf of Amember or mambers).		
		Secretary of State use only	
Sig	gnature <u>(MACC) Full</u>		
Ту	ped Name: Carol A. Hulme	IDAHO SECRETARY OF STATE	
		IDAHO SECRETARY OF STATE 99/15/2008 65:00 CK: 1495 CT: 229741 BH: 1135946 1 \$ 100.00 ORGAN LLC \$ 3	,
	gnature	그는 198.08 = 198.09 ORGAN LLC # 3	3
Ту	ped Name:	Hebbar Revised 1	
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