

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

€ ₹ 0	(Instructions on back	of application	on)		OLATE
1. 7	The name of the limited liability com	pany is:		1.	DIFINATE
	Intermountain Insurance Services,	, L.L.C.			
2. 1	The street address of the initial regis	tered office i	s:		
	310 North 2nd East, Suite 205, Re	xburg, Idaho	0 83440		_
a	and the name of the initial registered	agent at the	above add	ress is:	
	Diana Thomason				
3. T	The mailing address for future corres	pondence is	:		
	310 North 2nd East, Suite 205, Re	xburg, Idaho	83440		
4. N	Management of the limited liability co	mpany will b	e vested in		
Ν	Manager(s) or Member(s) (please check the appropriate box)				
5. If	f management is to be vested in one			4 1	-
а	nddress(es) or at least one initial mar nember(s), list the name(s) and addr Name	nager. If man	nagement is	to be vested in t nitial member. Address	he
a m	iddress(es) or at least one initial mar nember(s), list the name(s) and addr	nager. If man ress(es) of at	nagement is	nitial member.	he
a m	iddress(es) or at least one initial mar nember(s), list the name(s) and addr Name	nager. If man ress(es) of at 310 North	nagement is t least one i	Address Suite 205	he
a m	iddress(es) or at least one initial mar nember(s), list the name(s) and addr Name	nager. If man ress(es) of at 310 North	nagement is t least one i 2nd East,	Address Suite 205	he
a m	iddress(es) or at least one initial mar nember(s), list the name(s) and addr Name	nager. If man ress(es) of at 310 North	nagement is t least one i 2nd East,	Address Suite 205	he
a m	iddress(es) or at least one initial mar nember(s), list the name(s) and addr Name	nager. If man ress(es) of at 310 North	nagement is t least one i 2nd East,	Address Suite 205	he
a m	iddress(es) or at least one initial mar nember(s), list the name(s) and addr Name	nager. If man ress(es) of at 310 North	nagement is t least one i 2nd East,	Address Suite 205	he
a m	nddress(es) or at least one initial mar nember(s), list the name(s) and addr Name Diana Thomason	ager. If man ress(es) of at 310 North Rexburg, I	agement is t least one i 2nd East, daho 8344	Address Suite 205	
a m - -	iddress(es) or at least one initial mar nember(s), list the name(s) and addr Name Diana Thomason ignature of at least one person responses	ager. If man ess(es) of all all all all all all all all all al	agement is tleast one if least one if least one if least,	nitial member. Address Suite 205 O mited liability cor	mpany:
a m - - 6. Sig Tyj	ignature of at least one person responsed Name: Diana Thomason Diana Thomason	ager. If man ess(es) of all all all all all all all all all al	agement is tleast one if least one if least one if least,	Address Suite 205	mpany:
a m - - 6. Sig Tyj	iddress(es) or at least one initial mar nember(s), list the name(s) and addr Name Diana Thomason ignature of at least one person responses to the person response to the person respo	ager. If man ess(es) of all all all all all all all all all al	agement is tleast one if least one if least one if least,	nitial member. Address Suite 205 O mited liability cor	mpany:
a m - - 6. Sig Ty _l Ca	ignature of at least one person responsed Name: Diana Thomason ignature: Diana Thomason ignature: Diana Thomason ignature: Diana Thomason ped Name: Diana Thomason ipacity: Member	ager. If man ess(es) of at a state and state a	agement is tleast one if least one if least one if least,	Address Suite 205 O mited liability cor	mpany:
a m 6. Si Sig Ty Ca Sig	ignature of at least one person responsed Name: Diana Thomason Diana Thomason	ager. If man ess(es) of at a stress and stre	agement is t least one i 2nd East, daho 8344	Address Suite 205 O mited liability cor	mpany: