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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2016 FEB 18 PM 2: 51

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Anthony Insurance Group, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

226 Winding Ridge Dr, Horseshoe Bend, ID 83629

(Street Address)

(Mailing Address, if different)

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

Stacie Anthony

226 Winding Ridge Dr, Horseshoe Bend, ID 83629

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Stacie Anthony

226 Winding Ridge Dr, Horseshoe Bend, ID 83629

(Name)

(Address)

David Anthony

226 Winding Ridge Dr, Horseshoe Bend, ID 83629

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

226 Winding Ridge Dr, Horseshoe Bend, ID 83629

(Address)

Signature of organizer(s).

Printed Name: Stacie Anthony

Signature: *Stacie Anthony*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

02/18/2016 05:00

CK:3620160 CT:172099 BH:1514110

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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