



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

09 NOV -4 AM 8:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MCELHENNEY INSURANCE AGENCY, L.L.C.

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

1900 NORTHWEST BLVD, SUITE 110, COEUR D ALENE, ID 83814

(Street Address)

1537 W COLUMBUS AVE, COEUR D ALENE, ID 83815

(Mailing Address, if different than street address)

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

KELLEY K MCELHENNEY

(Name)

1537 W COLUMBUS AVE, COEUR D ALENE, ID 83815

(Street Address)

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

Name

Address

KELLEY K MCELHENNEY

1537 W COLUMBUS AVE, COEUR D ALENE, ID 83815

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

1537 W COLUMBUS AVE, COEUR D ALENE, ID 83815

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 Kelley K McElhenney

Typed Name: _____

MANAGING MEMBER

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
11/04/2009 05:00
CK: 1991 CT: 241986 BH: 1194014
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