

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 DEC 21 AM 9:41

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Sherri Congdon Insurance LLC

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

3633 S 800 W, Preston, ID 83263

(Street Address)

(Mailing Address, if different than street address)

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

Sherri Congdon

(Name)

3633 S 800 W, Preston, ID 83263

(Street Address)

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

<u>Name</u>	<u>Address</u>
<u>Sherri Congdon</u>	<u>3633 S 800 W, Preston, ID 83263</u>
<u>Jeffrey R Congdon</u>	<u>3633 S 800 W, Preston, ID 83263</u>

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

3633 S 800 W, Preston, ID 83263

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

Signature of a manager, member or authorized person.

Signature *Sherri Congdon*
Typed Name: Sherri Congdon

Signature *Jeffrey Congdon*
Typed Name: Jeffrey Congdon

Secretary of State use only

IDAHO SECRETARY OF STATE

12/21/2015 05:00

CK:1622 CT:318048 BH:1505007
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