







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY **COMPANY**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004507807

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Sel descriptions below)	ervice (see Expedited (+\$40; filing fee \$140)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Callie Grace Insurance Agency, LLC
2. The complete street address of the principal office is:	
Principal Office Address	518 5TH STREET FILER, ID 83328
3. The mailing address of the principal office is:	
Mailing Address	CALLIE STRADI
	PO BOX 566 FILER, ID 83328-0566
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Callie Stradivari Physical Address:
	518 5TH STREET
	FILER, ID 83328
	Mailing Address: PO BOX 566
	FILER, ID 83328-0566
☑ I affirm that the registered agent appointed has	s consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Callie Stradivari	518 5TH STREET FILER, ID 83328
Signature of Organizer:	
Callie Stradivari	11/29/2021