9/21/2012

## FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUN 26 PM 2: 05

SECRETARY OF STATE

•	STATE OF IDAHO
1. The name of the limited liability	
Benefits Exchange Northwest, LLC	;
2. The complete street and mailir 1299 W Riverstone Dr, Coeur d'Ale (Street Address)	ng addresses of the initial designated office: ene, Idaho 83814
(Mailing Address, if different than street add	dress)
	t address of the registered agent:
Mark Fisher	1299 W Riverstone Dr. Coeur d Alene, Idaho 83814
(Name)	(Street Address)
The name and address of at le company:	east one member or manager of the limited liability
<u>Name</u>	Address
Mark Fisher	1299 W Riverstone Dr, Coeur d'Alene, Idaho 83814
	<u> </u>
•	
5 Moiling address for fathers	
<ol> <li>Walling address for future corrections</li> <li>1299 W Riverstone Dr. Cosur d'Ale</li> </ol>	espondence (annual report notices):
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6. Future effective date of filing (o	optional):
	······································
Signature of a manager, membe person.	er or authorized
( , <u> </u>	Secretary of State use only
Signature Mhh 5	
Typed Name: Mark Fisher	
Signature	
Signature	
	IDAHO SECRETARY OF STATE

cert\_org\_lic Rev. 07/2010

06/26/2013 05:00 CK: 1454607 CT: 172099 BH: 1379802 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

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