



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 FEB -3 AM 9:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Fullmer Financial Group LLC

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

232 E Lake Rim Lane Boise, ID 83716

(Street Address)

(Mailing Address, if different than street address)

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

Justin Fullmer

(Name)

232 E Lake Rim Lane Boise, ID 83716

(Street Address)

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

Name

Address

Justin Fullmer

232 E Lake Rim Lane Boise, ID 83716

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

232 E Lake Rim Lane Boise, ID 83716

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

Signature of a manager, member or authorized person.

Signature *Justin Fullmer*

Typed Name: Justin Fullmer

Signature _____

Typed Name: _____

Secretary of State use only

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02/03/2014 05:00
CK: 1690229 CT: 172899 BH: 1488691
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