

FILED EFFECTIVE

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

07 AUG 10 AM 8:57

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ALL VALLEY INSURANCE, LLC

2. The street address of the initial registered office is:

1301 N 59TH ST, NAMPA, ID 83687

and the name of the initial registered agent at the above address is:

TRUDY GARRINGER, CPA

3. The mailing address for future correspondence is:

213 11TH AVENUE SOUTH, NAMPA, ID 83651

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>GABRIEL VASQUEZ</u>	<u>822 W DALLAN WOODS WAY NAMPA 83686</u>
<u>STEVEN BAUTISTA</u>	<u>4705 AUTUMN LEAF AVE CALDWELL 83607</u>
<u>STEVE ARCHULETA JR</u>	<u>2273 W KELLY CREEK DR MERIDIAN 83646</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: Typed Name: GABRIEL VASQUEZCapacity: MEMBERSignature: Typed Name: Capacity:

Secretary of State use only

g:\completeml LLC forms\startoforganization.pdf
Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE
08/10/2007 05:00
CK: NO CK # CT: 216326 BH: 1070005
1 @ 100.00 = 100.00 ORGAN LLC # 2

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