



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2013 SEP -4 AM 8:37

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Wilkins Insurance, LLC

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

2098 W. Aspen Creek Drive, Nampa, Idaho 83686

(Street Address)

(Mailing Address, if different than street address)

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

Eric Wilkins

(Name)

2098 W. Aspen Creek Drive, Nampa, Idaho 83686

(Street Address)

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

Name	Address
<u>Eric Wilkins</u>	<u>2098 W. Aspen Creek Drive, Nampa, Idaho 83686</u>
_____	_____
_____	_____
_____	_____

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

2098 W. Aspen Creek Drive, Nampa, Idaho 83686

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature   
Typed Name: Eric Wilkins, Manager

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/04/2013 05:00  
CK: 1537 CT: 284255 BH: 1388719  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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