CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 Jan 25 Ph 12:41

	(Instructions on bac	k of application)	e week land on the control of the co
1.	The name of the limited liability co	mpany is:	STATE OF IDANO
	Derek 1	Fodd Truck Insurance, LL	.c · · ·
2.	The complete street and mailing ac 6301 Overland Rd., Ste 101 Boise, ID 83		designated/principal office:
	(Street Address) 13125 W. Persimmon Ln., Ste 100 Boise (Mailing Address, if different than street address)	e, ID 83713	
3.	The name and complete street address of the registered agent:		
	Kelly Link (Name)	12530 W. Lexus Ct. B	Boise, ID 83713
	(rane)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
	Mustard Seed Financial & Ins., Inc.	13125 W. Persimmon	Ln, Ste 100 Boise, ID 83713
5.	Mailing address for future corresponding 13125 W. Persimmon Ln, Ste 100 Boise	,	rt notices):
6.	Future effective date of filing (option	nal):	
_	nature of a manager, member of son.	r authorized	
•	10 mm		Secretary of State use only
	nature / / / / / / / / / / / / / / / / / / /		
ıyp	ped Name: Kelly H. Link-President		IDAHO SECRETARY OF STATE
Sig	nature		01/25/2011 05:00 CK: 591267 CT: 172099 BH: 1256861

1 8 20.00 = 20.00 EXPEDITE C # 3

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Typed Name: