



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JUN 27 PM 1:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Three Peaks Loss Control Services LLC

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

4103 Pasadena Drive, Boise, Idaho 83705-4659

(Street Address)

P.O. Box 16004, Boise, Idaho 83705

(Mailing Address, if different than street address)

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

Rolland Withrow

(Name)

4103 Pasadena Drive, Boise, Idaho 83705-4659

(Street Address)

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

Name

Rolland Withrow

Address

P.O. Box 16004, Boise, Idaho 83705

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

P.O. Box 16004, Boise, Idaho 83705

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

Signature of a manager, member or authorized person.

Signature Bruce L. Thomas
Typed Name: Bruce L. Thomas, Organizer

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/27/2014 05:00

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