



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2013 MAY -2 AM 9:06

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Bell Cross Insurance LLC

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

1950 1st St Idaho Falls ID 83401

(Street Address)

PO Box 2122 Idaho Falls ID 83403

(Mailing Address, if different than street address)

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

Brian Bell

(Name)

870 Capital Ave Rexburg ID 83440

(Street Address)

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

**Name**

**Address**

Brian Bell

870 Capital Ave Rexburg ID 83440

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

PO BOX 2122 Idaho Falls ID 83406

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Brian Bell

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/02/2013 05:00  
CK: 1052 CT: 206984 BH: 1372124  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

W124802