



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 NOV 13 PM 1:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Kezar Insurance Group LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

1119 E Boise Ave Boise, ID 83706

(Street Address)

(Mailing Address, if different)

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

Blake Kezar

1119 E Boise Ave

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Blake Kezar

1119 E Boise Ave

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1119 E Boise Ave, Boise ID 83706

(Address)

Signature of organizer(s).

Printed Name: Blake Kezar

Signature: 

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/13/2015 05:00

CK: 3363256 CT: 172099 BH: 1500291

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