

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)



1.	The name of the limited liability com	nnany is	SECRETARIZACIONALE
	PIONEER TITLE COMPANY OF BONNEVILLE COUNTY, LLC.		STATESTALE
2.	The complete street and mailing addresses of the initial designated office:		
	(Street Address) 8151 W. RIFLEMAN, BOISE, IDAHO 837 (Mailing Address, if different than street address)	04	
3.	The name and complete street address of the registered agent:		
	TIM BUNDGARD	8151 W. RIFLEMAN BOIS	SE, ID 83704
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	-	dress
	PIONEER TITLE COMPANY OF ADA	8151 W. RIFLEMAN BOIS	E, ID 83704
	COUNTY		
5.	Mailing address for future correspondence (annual report notices):		
	ATTN ACCOUNTING 8151 W. RIFLEMAN. BOISE, ID 83704		
6.	Future effective date of filing (option	al):	
	nature of a manager, member or son.	authorized	
r-~1		,	SECRETARY SECRETARY OF STATE
Sig	natura und M Munsell		05/19/2014 05:00

Typed Name: CINDY M MUNSON

Signature _____ Typed Name: ____

1@ 100.00 = 100.00 ORGAN LLC #2 1@ 20.00 = 20.00 EXPEDITE C #3

W137-970