

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 FEB 23 PM 4:18

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Insurance Professionals of Idaho, LLC.

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

5416 N Mink Creek Ave. Meridian, ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

Jared Deaton

(Name)

5416 N Mink Creek Ave. Meridian, ID 83646

(Street Address)

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

**Name****Address**

Jared Deaton

5416 N Mink Creek Ave. Meridian, ID 83646

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

5416 N. Mink Creek Ave. Meridian, ID 83646

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Jared Deaton

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 02/24/2009 05:00  
 CK: 1163 CT: 234448 DN: 1158254  
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 Revised 07/2008

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