



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JUN 28 AM 8:45

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Annuity Insurance Managers, LLC

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

1070 Riverwalk Drive, #200, Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Bart M. Davis

(Name)

1075 S. Utah, St. 322, Idaho Falls, ID 83402

(Street Address)

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

Name**Address**

Roland N. (Rollie) Walker

1070 Riverwalk Drive, #200, Idaho Falls, ID 83402

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

c/o Bart M. Davis, Esq., PO Box 50660 Idaho Falls, ID 83405-0660

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: Bart M. Davis, Esq.

Signature

Typed Name: _____

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE
06/28/2010 05:00
CK: 4415 CT: 2936 BH: 1228481
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