

FILED EFFECTIVE

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 JAN 23 AM 10:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Rivercity Insurance Agency LLC

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

112 E Seltice Way

(Street Address)

Post Falls, ID 83854

(Mailing Address, if different than street address)

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

Lonni Williams

(Name)

3208 Radiant Star Post Falls, ID 83854

(Street Address)

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

Name

Address

Lonni Williams

3208 Radiant Star Post Falls, ID 83854

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

112 E Seltice Way Seltice Way Post Falls, Id 83854

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 Lonni WilliamsTyped Name: Lonni Williams

Signature _____

Typed Name: _____

Secretary of State use only

680871

 IDAHO SECRETARY OF STATE
 01/23/2009 05:00
 CK: 193286 CT: 172099 BH: 1153776
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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 CK: 193286 CT: 172099 BH: 1153776
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