





STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0005169803

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Certificate of Organization Limited Liability Compa Select one: Standard, Expedited or Sa descriptions below)	-	Standard (filing fee \$100)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		Claims Pro LLC	
2. The complete street address of the principal offi	ce is:		
Principal Office Address		STORMY 9830 W ROSECROFT CT 102 BOISE, ID 83704	
3. The mailing address of the principal office is:			
Mailing Address		STORMY 9830 W ROSECROFT CT UNIT 102 BOISE, ID 83704-5082	
4. Registered Agent Name and Address			
Registered Agent I affirm that the registered agent a 5. Governors	ppointed has consented	Registered Agent Stormy L Ayala Physical Address: STORMY 9830 W ROSECROFT CT 102 BOISE, ID 83704 Mailing Address: STORMY 9830 W ROSECROFT CT UNIT 102 BOISE, ID 83704-5082 It to serve as registered agent for this entity.	
Name		Address	
Mark Onibokun		STORMY 9830 W ROSECROFT CT 102 BOISE, ID 83704	

Stormy Ayala

Sign Here

03/28/2023

Date