



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2015 OCT 26 AM 10:10

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Christensen Insurance Agency LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

5485 E Sunnyside Rd, Idaho Falls, ID 83406

(Street Address)

(Mailing Address, if different)

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

Roxanne Christensen

5485 E Sunnyside Rd, Idaho Falls, ID 83406

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Roxanne Christensen

5485 E Sunnyside Rd, Idaho Falls, ID 83406

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

5485 E Sunnyside Rd, Idaho Falls, ID 83406

(Address)

Signature of organizer(s).

Printed Name: **Roxanne Christensen**

Signature: *Roxanne Christensen*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/26/2015 05:00

CK:1135 CT:316056 BH:1497722

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