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**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2013 NOV 25 PM 2: 16

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Bliss Insurance, LLC

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

533 West 300 North, Paul, ID 83347

(Street Address)

(Mailing Address, if different than street address)

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

Gary Bliss

(Name)

533 West 300 North, Paul, ID 83347

(Street Address)

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

**Name****Address**Gary Bliss533 West 300 North, Paul, ID 83347

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

533 West 300 North, Paul, ID 83347

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Gary Bliss

Typed Name:

Gary Bliss

Signature

Typed Name:

Secretary of State use only

cert.org Uc Rev. 07/2010

IDAHO SECRETARY OF STATE  
 11/25/2013 05:00  
 CK: 1622131 CT: 172099 BH: 1399463  
 1 @ 100.00 = 100.00 ORGAN LLC # 2  
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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