



CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

RW Insurance Services LLC

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

3006 N 26th Street, Boise ID 83702

(Street Address)

same

(Mailing Address, if different than street address)

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

Rhonda Winters

(Name)

3006 N 26th Street, Boise ID 83702

(Street Address)

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

Name

Rhonda Winters

Address

3006 N 26th Street, Boise ID 83702

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

3006 N 26th Street, Boise ID 83702

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Rhonda Winters

Typed Name: Rhonda L Winters

Signature _____

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE
 10/14/2011 05:00
 CK: 3088 CT: 263278 BH: 1294194
 1 @ 100.00 = 100.00 ORGAN LLC # 2