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# CERTIFICATE OF ORGANIZATION 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.

**FILED EFFECTIVE**

2018 JAN 17 AM 11:14

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

CAPITAL CITY INSURANCE 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:

4673 N TUMBLEWEED PL, BOISE, IDAHO 83713

(Street Address)

(Mailing Address, if different)

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

LEGALINC CORPORATE SERVICES INC.

800 W. MAIN ST., SUITE 1460, BOISE, ID 83702

(Name)

(Address cannot be a post office box or postal mail box.)

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

JENNIFER ATTEBERRY

4673 N TUMBLEWEED PL, BOISE, IDAHO 83713

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

800 W. MAIN ST., SUITE 1460, BOISE, ID 83702

(Address)

Signature of organizer(s).

Signature:

*Marsha Siha*

Printed Name: MARSHA SIHA

Signature:

Printed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

01/17/2018 05:00

CK:16178004 DT:172099 BH:1621558

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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