



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAR 13 PM 4: 15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

IAN JOHNSON INSURANCE LLC

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

6199 W FRANKLIN RD BOISE ID 83704

(Street Address)

(Mailing Address, if different than street address)

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

IAN JOHNSON

(Name)

6199 W FRANKLIN RD BOISE ID 83704

(Street Address)

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

Name

Address

IAN JOHNSON

6199 W FRANKLIN RD BOISE ID 83704

CHRISTINE JOHNSON

6199 W FRANKLIN RD BOISE ID 83704

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

6199 W FRANKLIN RD BOISE ID 83704

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: IAN JOHNSON

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/13/2014 05:00
CK: 1738366 CT: 172099 BH: 1415191
1 @ 100.00 = 100.00 ORGAN LLC # 2

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