

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 AUG 30 PM 1: 35

SECRETARY OF A

	11	SECKETARY OF STATE	
1. The name of the limited liability	y company is:	STATE OF IDAHO	
INSURANCE AND FINANCIAL SEF	RVICES, LLC		
2. The complete street and mailing 7960 W. Rifleman Ste. 160	g addresses of the initial designation	ated office:	
(Street Address) Boise, ID 83704			
(Mailing Address, if different than street addre	ess)		
3. The name and complete street	address of the registered agent:		
Jose A. Peredo	7960 W. Rifleman Ste. 160	7960 W. Rifleman Ste. 160	
(Name)	(Street Address)	(Street Address)	
The name and address of at leacompany:	ast one member or manager of t	he limited liability	
<u>Name</u>	Addres		
Jose A. Peredo	7960 W. Rifleman Ste. 160, Bo	ise, ID 83704	
5. Mailing address for future corres	spondence (annual report notice	s):	
6. Future effective date of filing (op	otional):		
Signature of a manager, member person.		etary of State use only	
Signature	Jeu.	ow., or otate use only	
Typed Name: Jose A. Peredo			
Signature		IDAHO SECRETARY OF STATE 3/30/2013 05:00 533641 CT: 172899 BH: 1388278	
Typed Name:	1 e 1	333641 CF: 1/2099 BH: 13882/8 80.80 = 100.80 ORGAN LLC # 2	
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