

FILED EFFECTIVE

261

**CERTIFICATE OF ORGANIZATION** 12 MAY 16 PM 4:31
LIMITED LIABILITY COMPANY

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Life LLC

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

3270 East 17th Street Suite 213

(Street Address)

Idaho Falls, Idaho 83406

(Mailing Address, if different than street address)

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

S.Mueller

(Name)

3270 East 17th St. Suite 213 Idaho Falls, ID 83406

(Street Address)

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

NameAddress

S. Mueller

3270 East 17th St. Suite 213 Idaho Falls, ID 83406

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

3270 East 17th St. Suite 213 Idaho Falls, ID 83406

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

Signature of a manager, member or authorized person.

Signature S. Mueller

Typed Name: S. Mueller

Secretary of State use only

Signature _____

Typed Name: _____

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