



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 DEC 20 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Elite Insurance Concepts LLC

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

1490 Midway Ave Ammon, ID 83406

(Street Address)

Same

(Mailing Address, if different than street address)

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

Tyler Schwendiman

(Name)

5304 Tildy Cir Ammon, ID 83406

(Street Address)

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

Name

Address

Tyler Schwendiman

5304 Tildy Cir Ammon, ID 83406

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

1490 Midway Ave ammon, ID 83406

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: _____

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/20/2010 05:00
CK: 1032 CT: 253620 BH: 1251502
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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