

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT -7 PM 2: 34

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1. The name of the limited liability cor	mpany is:	SECRETARY OF STATE STATE OF IDAHO
Best Choice Insurance	e Agency	LLC
2. The complete street and mailing ad	dresses of the initi	al designated/principal office:
(Street Address)	rampa ID 8	3686
(Mailing Address, if different than street address)		
3. The name and complete street add	ress of the register	red agent:
Lee S Hollapay	4449 E tusco (Street Address)	ny Ave Namen ID 83686
The name and address of at least of company:	one member or ma	nager of the limited liability
<u>Name</u>		Address
Lee Hollabay	4449 Etuscum	y Are NomPa D 83686
5. Mailing address for future correspon	ndence (annual re	port notices):
	•	,
4449 Etuscany Ave Nam	ACT TO POPYA	
6. Future effective date of filing (option	nal):	
Signature of organizer(s). (An organizer is acting in behalf of a member or members).	a member, or is	
10111	9	Secretary of State use only
Signature & Hum		e sa es
Typed Name: Lee Holla-pay	pytomatic formatical on Ec.PhiD	
Signature	LC form	
Typed Name:	A Park	IDANO SECRETARY OF STATE
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