

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 MAY -8 PM 4:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cousin Insurance LLC

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

639 Hoopes Ave. #1, Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

Michael A. Cousin

(Name)

639 Hoopes Ave. #1, Idaho Falls, ID 83401

(Street Address)

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

Name	Address
<u>Michael A. Cousin</u>	<u>639 Hoopes Ave. #1, Idaho Falls, ID 83401</u>

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

639 Hoopes Ave. #1, Idaho Falls, ID 83401

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

Signature of a manager, member or authorized person.

Signature *Michael A. Cousin*
 Typed Name: Michael A. Cousin

Secretary of State use only

Signature _____
 Typed Name: _____

IDAHO SECRETARY OF STATE
 05/08/2012 05:00
 CK: 988273 CT: 172099 BH: 1323367
 1 @ 100.00 = 100.00 ORGAN LLC # 2

W113780