



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2013 JUL -1 AM 9:30
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Alpine Insurance Group, LLC

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

1192 S. 52nd E., Idaho Falls, Idaho 83401

(Street Address)

c/o Seedall Law Office, PC P.O. Box 3179, Idaho Falls, Idaho 83403

(Mailing Address, if different than street address)

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

Scott R. Seedall

(Name)

1192 S. 52nd E., Idaho Falls, Idaho 83401

(Street Address)

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

Name

Address

Stephen Fransen

1095 9th Street, Idaho Falls, Idaho 83404

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

c/o Seedall Law Office, PC, P.O. Box 3179, Idaho Falls, Idaho 83403

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

Signature of a manager, member or authorized person.

Signature Scott R. Seedall

Typed Name: Scott R. Seedall

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/02/2013 05:00
CK: 6065 CT: 116042 BH: 1300497
1 @ 100.00 = 100.00 ORGAN LLC # 2

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