



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

10 FEB 17 AM 8:28

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Legacy Assurance Group, LLC

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

1216 Filer Avenue East, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Stacey L. Lucich

(Name)

1216 Filer Avenue East, Twin Falls, ID 83301

(Street Address)

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

NameAddress

Stacey L. Lucich

1216 Filer Avenue East, Twin Falls, ID 83301

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

1216 Filer Avenue East, Twin Falls, ID 83301

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Stacey L. Lucich

Signature

Typed Name:

Secretary of State use only

W 90696

IDAHO SECRETARY OF STATE  
02/17/2018 05:00  
CK: 2602 CT: 241426 BH: 1200307  
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