



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 JAN 30 AM 9:17

1. The name of the limited liability company is:

CRUZ CHACON INSURANCE AGENCY LLC

SECRETARY OF STATE
STATE OF IDAHO

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

541 5TH ST

(Street Address)

RUPERT, ID 83350

(Mailing Address, if different than street address)

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

CRUZ CHACON

(Name)

541 5TH ST RUPERT, ID 83350

(Street Address)

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

Name

Address

CRUZ CHACON

901 A ST RUPERT, ID 83350

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

P O BOX 241 RUPERT, ID 83350

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: CRUZ CHACON

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/30/2012 05:00
CK: 1115 CT: 261506 BH: 1308337
1 @ 100.00 = 100.00 ORGAN LLC # 2

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