

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 OCT -1 AM 8: 42

| | (Instructions on back of applic | cation) | SECRETARY OF STA |
|------|--|---|--|
| 1. 7 | The name of the limited liability company is | S : | STATE OF IDAHO |
| | Dan Barger Insurai | nce Agency, LLC | |
| 2. 1 | The complete street and mailing addresses of the complete street street and the complete street street and the complete street an | | /principal office: |
| | (Street Address) | | |
| | (Mailing Address, if different than street address) | AND THE RESIDENCE OF THE PARTY | |
| 3. 7 | The name and complete street address of the registered agent: | | |
| | - Dan Barger | 1143 E Sicily St. Meridia | n, ID 83642 |
| | (Name) (Street A | (ddress) | - |
| | The name and address of at least one member or manager of the limited liability company: Name Address | | IMITED HADIIITY |
| | Dan Barger | 1143 E Sicily St. Meridian, ID 83642 | |
| | | | |
| 5. 1 | Mailing address for future correspondence (| · · | |
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| 6. l | Future effective date of filing (optional): | | The state of the s |
| _ | ature of organizer(s). (An organizer is a member, g in behalf of a member or members). | | |
| • | Dr. Man | | y of State use only |
| • | ature Dan Barger | ort_org_fic.PMD | . 2 ⁶ |
| - ' | | /2008 | TRAIN PERPETABLY BE STATE |
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| туре | ed Name: | - Parage | 188.90 = 198.89 GROAN LL |