251

FILED EFFECTIVE

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

2006 NOV -9 AM 8:40

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

   ALL COVERAGE INSURANCE LLC

2. The street address of the initial registered office is:

   223 Idaho Street, American Falls, Idaho 83211

   and the name of the initial registered agent at the above address is:

   Kacy Lee Meadows

3. The mailing address for future correspondence is:

   223 Idaho Street, American Falls, Idaho 83211

4. Management of the limited liability company will be vested in:

   Manager(s) ☐ or Member(s) ☑ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
Kacy Lee Meadows	2590 Quigley Road, American Falls, ID 83211

6. Signature of at least one person responsible for forming the limited liability company:

   Signature: Kacy Lee Meadows
   Typed Name: Kacy Lee Meadows
   Capacity: Member

   Signature _____
   Typed Name: _____
   Capacity: _____

Secretary of State use only

g:\corp\forms\LLC forms\articlesoforganization.pdf
Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE
11/09/2006 05:00
CK: 1244 CT: 150105 BH: 1012726
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