

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR 21 PM 12:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Insurance Brokers LLC

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

290 S. Cooksom Place Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Shayla Hamblin

(Name)

290 S. Cooksom Place Eagle, ID 83616

(Street Address)

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

NameAddressShayla Hamblin290 S. Cooksom Place Eagle, ID 83616

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

290 S. Cooksom Place Eagle, ID 83616

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 S. HamblinTyped Name: Shayla Hamblin

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
 04/21/2009 05:00
 CK: 2132 CT: 236352 BH: 1166988
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