FILED EFFECTIVE



Rev. 08/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

SOIP JUL -1 AMII: 08

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

SECTION OF STATE

Complete and submit the application in $\underline{\text{duplicate}}.$

			STATE OF TO
1.	The name of the limited	liability company is:	•
		S.R.Brock Insurance, LLC	
	(Remember to include	the words "Limited Liability Company," "Limits	ed Company," or the abbreviations L.L.C., LLC. or LC)
2.	The complete street and mailing addresses of the principal office is:		
	9966 Thoroughbred Drive, Middleton, Idaho 83644		
	(Street Address)		
	(Mailing Address, if different)		
3.	The name and complete street address of the registered agent:		
	Scott Brock 9966 Thoroughbred Drive, Middleton, Idaho 83644 (County		
	(Nante)	(Address)	
4.	The name and address of at least one governor of the limited liability company:		
	Scott Brock	9966 Thoroughbred Drive, Middleton, Idaho 83644	
	(Name)	(Address)	
	(Name) (Address)		
	(Name)	(Address)	
		· ·	
	(Name) (Address)		
E	Mailing addrage for fitte	ura correctioned (annual rel	nort notices).
5.	Mailing address for future correspondence (annual report notices):		
	c/o S.R.Brock Insurance, LLC, 9966 Thoroughbred Drive, Middleton, Idaho 83644		
	(Address)		
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