



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 JUL 14 PM 2:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Licari Health Insurance & Benefits, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

5304 N Lange Ave Meridian ID 83646

(Street Address) (City) (State) (Zipcode)

(Mailing Address, if different) (City) (State) (Zipcode)

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

Rebecca Licari 5304 N Lange Ave Meridian ID 83646

(Name) (Address) (City) (State) (Zipcode)

4. The name and address of at least one governor of the limited liability company:

Rebecca Licari 5304 N Lange Ave Meridian ID 83646

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

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

5304 N Lange Ave Meridian ID 83646

(Address) (City) (State) (Zipcode)

Signature of organizer(s).

Printed Name: **Rebecca Licari**

Signature: Rebecca Licari

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/14/2015 05:00

CK:3026818 CT:172099 BH:1483914

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