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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

2018 JAN 17 AM 10:47

SECRETARY OF STATE  
STATE OF IDAHO

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

1. The name of the limited liability company is:

Elite Crop Insurance, 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:

6408 South 5th West, Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different)

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

Keith Rasmussen

6408 South 5th West, Idaho Falls, ID 83404

(Name)

(Address) (Address cannot be a post office box or postal mail box)

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

Keith Rasmussen

6408 South 5th West, Idaho Falls, ID 83404

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

6408 South 5th West, Idaho Falls, ID 83404

(Address)

Signature of organizer(s).

Signature:

Printed Name: Keith Rasmussen

Signature:

Printed Name:

Secretary of State use only

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01/17/2018 05:00

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