

# State of Idaho

Office of the Secretary of State

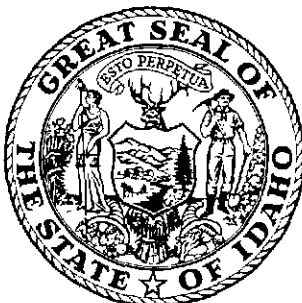
**CERTIFICATE OF REGISTRATION  
OF  
LEXICON, INC.**

File Number C 216772

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: February 23, 2018



*Lawrence Denney*  
SECRETARY OF STATE

By *Abearity*



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2018 FEB 23 PM 2:36

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: LEXICON, INC.
2. The name which it shall use in Idaho is: \_\_\_\_\_  
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
 

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
- ☐ Other: \_\_\_\_\_  
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Arkansas  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
8900 Fourche Dam Pike, Little Rock, AR - 72206-3806  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  
8900 Fourche Dam Pike, Little Rock, AR - 72206-3806  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_  
(Address)
8. The name of the registered agent and street address of registered agent in Idaho:  
C T Corporation System                      921 S Orchard Street, Suite G, Boise, Idaho 83705  
(Name)    (Address)
9. The name, capacity, and mailing address of at least one governor:
 

<u>Patrick T. Schueck</u>	<u>President</u>	<u>8900 Fourche Dam Pike, Little Rock, AR - 72206-3806</u>
(Name)	(Capacity)	(Address)
<u>Mark Davis</u>	<u>Chief Corporate</u>	<u>8900 Fourche Dam Pike, Little Rock, AR - 72206-3806</u>
(Name)	(Capacity)	(Address)

Signature: \_\_\_\_\_

Typed Name: Mark Davis

Capacity: Chief Corporate Officer

Secretary of State use only

IDAHO SECRETARY OF STATE

02/23/2018 05:00

CK: PREPAID CT: 278665 BH: 1628547  
1@ 100.00 = 100.00 FOR REG ST #2  
1@ 20.00 = 20.00 EXPEDITE C #3

C216772



**Arkansas Secretary of State  
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**LEXICON, INC.**

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office January 28, 1983.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 23rd day of February 2018.

*Mark Martin*

Mark Martin

Secretary of State

Online Certificate Authorization Code: 6e7b9696f3613aa

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)