

# State of Idaho

Office of the Secretary of State

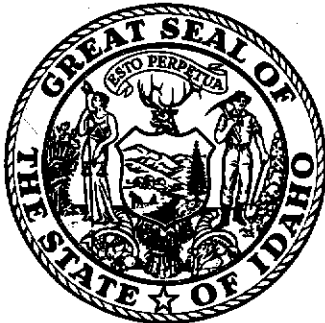
**CERTIFICATE OF AUTHORITY  
OF  
STS PROGRAM MANAGEMENT, INC.**

File Number C 192933

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, 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 Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: November 28, 2011.



*Ben Yursa*

SECRETARY OF STATE

By

*[Signature]*



## APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

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SECRETARY OF STATE  
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:  
STS Program Management, Inc.
2. The name which it shall use in Idaho is: STS Program Management, Inc.
3. It is incorporated under the laws of: NY
4. Its date of incorporation is: 03/25/1988
5. The address of its principal office is:  
One Blue Hill Plaza, 11th Floor Pearl River NY 10965
6. The address to which correspondence should be addressed, if different from item 5, is:  
One Blue Hill Plaza, PO BOX 1686 Pearl River NY 10965
7. The street address of its registered office in Idaho is: 1423 Tyrell Lane, Boise, Idaho 83706  
and its registered agent in Idaho at that address is: National Registered Agents, Inc.
8. The names and respective business addresses of its directors and officers are:

Name	Office	Address
<u>Robert McKeon</u>	<u>Chairman</u>	<u>One Blue Hill Plaza, PO BOX 1686</u> <u>Pearl River, NY 10965</u>
<u>Cathy McKeon</u>	<u>President</u>	<u>One Blue Hill Plaza, PO BOX 1686</u> <u>Pearl River, NY 10965</u>
<u>Thomas DiMarino</u>	<u>EVP/Treasurer</u>	<u>One Blue Hill Plaza, PO BOX 1686</u> <u>Pearl River, NY 10965</u>

Dated: 11/18/2011

Signature: [Handwritten Signature]

Typed Name: THOMAS DIMARINO

Capacity: EVP/Treasurer  
[The signer must be a director or an officer of the corporation.]

Customer Acct # : \_\_\_\_\_  
(If using pre-paid account)

Secretary of State use only

IDAHO SECRETARY OF STATE  
 11/28/2011 05:00  
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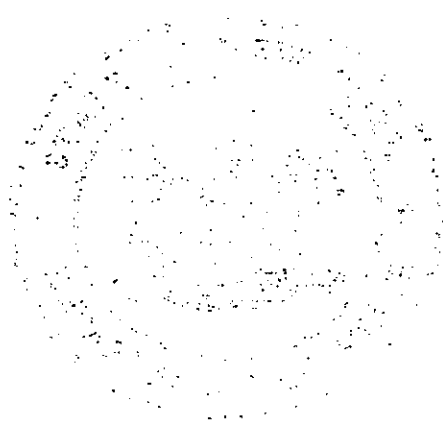
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Revised 05/2006

C192933

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of STS PROGRAM MANAGEMENT, INC. was filed on 03/25/1988, under the name of SECURITIES TRANSFER SERVICES, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment SECURITIES TRANSFER SERVICES, INC., changing its name to STS PROGRAM MANAGEMENT, INC., was filed 05/23/2005.



\*\*\*

*WITNESS my hand and the official seal of the Department of State at the City of Albany, this 16th day of November two thousand and eleven.*

RECEIVED

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SUPERVISOR OF FINANCE

*First Deputy Secretary of State*