

# State of Idaho

Office of the Secretary of State

**CERTIFICATE OF AUTHORITY  
OF  
PENSION ADMINISTRATORS, INC.**

File Number C 183395

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: June 5, 2009



*Ben Yursa*  
SECRETARY OF STATE

By

*Linda McQuay*



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

09 JUN -5 AM 11:23

SECRETARY OF STATE  
STATE OF IDAHO

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

- The name of the corporation is:  
PENSION ADMINISTRATORS, INC.
- The name which it shall use in Idaho is: PENSION ADMINISTRATORS, INC.
- It is incorporated under the laws of: CALIFORNIA
- Its date of incorporation is: 03/26/1965
- The address of its principal office is:  
2505 MC CABE WAY IRVINE, CA 92614-6243
- The address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_
- The street address of its registered office in Idaho is: 1111 WEST JEFFERSON, #530 BOISE, ID 83726  
and its registered agent in Idaho at that address is: CT CORPORATION
- The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>DONALD R. LAWRENZ</u>	<u>CEO/PRESIDENT</u>	<u>2505 MC CABE WAY, IRVINE, CA 92614</u>
<u>HELEN SCHUSTER</u>	<u>CORP SECRETARY</u>	<u>2505 MC CABE WAY, IRVINE, CA 92614</u>
<u>PAULA J. KNOX</u>	<u>CFO/DIRECTOR</u>	<u>2505 MC CABE WAY, IRVINE, CA 92614</u>
<u>SUSAN R. LAWRENZ</u>	<u>DIRECTOR</u>	<u>2505 MC CABE WAY, IRVINE, CA 92614</u>
_____	_____	_____
_____	_____	_____

Dated: JUNE 1, 2009

Signature: *Paula J. Knox*

Typed Name: PAULA J. KNOX

Capacity: CFO/DIRECTOR

[The signer must be a director or an officer of the corporation.]

Customer Acct # : \_\_\_\_\_

(if using pre-paid account)

Secretary of State use only

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form\appforauthority\_graff.pmd  
Revised 06/2005

Web Form

IDAHO SECRETARY OF STATE  
06/05/2009 05:00  
CK: 31642 CT: 230679 BH: 1173490  
1 @ 100.00 = 100.00 AUTH PRO # 2  
1 @ 25.00 = 25.00 EXPEDITE C # 3

C183395

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**PENSION ADMINISTRATORS, INC.**

**FILE NUMBER:** C0488213  
**FORMATION DATE:** 03/26/1965  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to exercise  
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of May 04, 2009.

*Debra Bowen*

**DEBRA BOWEN**  
**Secretary of State**