

State of Idaho

Office of the Secretary of State

**CERTIFICATE OF AUTHORITY
OF**

ALPINE INSURANCE, INC.

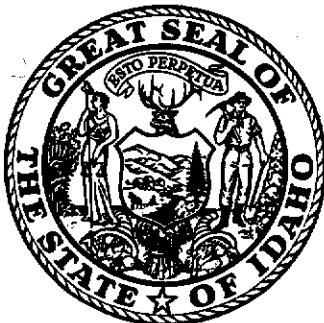
dba ALPINE INSURANCE NORTHWEST, INC.

File Number C 190760

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: April 7, 2011



Ben Ysursa

SECRETARY OF STATE

By

Christina L



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

FILED EFFECTIVE

11 APR -7 PM 1:44

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

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the corporation is:

Alpine Insurance, Inc.

2. The name which it shall use in Idaho is: Alpine Insurance Northwest, Inc.

3. It is incorporated under the laws of: WA

4. Its date of incorporation is: 02/02/2011

5. The address of its principal office is:

59 E Queen Ave, Suite 112, Spokane WA 99207

6. The address to which correspondence should be addressed, if different from item 5, is:

PO BOX 18935 Spokane WA 99228

7. The street address of its registered office in Idaho is: 409 Quarry Way, Boise, ID 83709

and its registered agent in Idaho at that address is: Daniel Klein

8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>Brad Fitzgerald</u>	<u>President</u>	<u>PO BOX 18935 Spokane, WA 99228</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 04/04/2011

Signature:

Typed Name: Brad Fitzgerald

Capacity: President

[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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Revised 06/2005

Web Form

IDAHO SECRETARY OF STATE
04/07/2011 05:00
CK: 1283 CT: 257524 BH: 1268213
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UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

ALPINE INSURANCE, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 2/2/2011.

I FURTHER CERTIFY that as of the date of this certificate, ALPINE INSURANCE, INC. remains active and has complied with the filing requirements of this office.

Date: March 17, 2011

UBI: 603-083-361



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State



April 4, 2011

State of Idaho

Office of the Secretary of State

PO BOX 83720

Boise ID 83720

Dear Office of the Secretary of State:

The Board of Directors of Alpine Insurance, Inc has agreed to adopt the fictitious name of Alpine Insurance Northwest for use in Idaho. Our corporation's name is not available for use in Idaho.

Sincerely,

A handwritten signature in black ink, appearing to read "Brad Fitzgerald", is written over a horizontal line.

Brad Fitzgerald

Secretary of Alpine Insurance, Inc

59 E Queen Ave Suite 112
Spokane, WA 99207
Office 509-325-7350
Alpine.Insurance.Inc@gmail.com