

# State of Idaho

Office of the Secretary of State

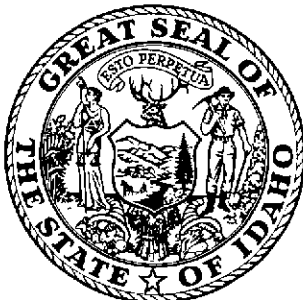
**CERTIFICATE OF REGISTRATION  
OF  
AGENCY INSURANCE CONSULTANTS, INC.**

File Number C 209350

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: March 28, 2016



*Lawrence Denney*  
SECRETARY OF STATE

By

*[Signature]*



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.

2016 MAR 28 AM 9:35

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: AGENCY INSURANCE CONSULTANTS, INC.

2. The name which it shall use in Idaho is: AGENCY INSURANCE CONSULTANTS, INC. OR AGENCY INSURANCE CONSULTANTS, INC. DBA THE LESLIE AGENCY  
(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: WASHINGTON STATE  
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:

<u>22315 7TH AVE S</u>	<u>DES MOINES</u>	<u>WA</u>	<u>98198</u>
(Street Address)	(City)	(State)	(Zipcode)
(Mailing Address, if different)	(City)	(State)	(Zipcode)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)	(City)	(State)	(Zipcode)
(Mailing Address, if different)	(City)	(State)	(Zipcode)

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

(Address)	(City)	(State)	(Zipcode)
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8. Name and street address of registered agent in Idaho:

<u>IDAHO DOI DIRECTOR DEAN L CAMERON</u>	<u>700 W STATE ST FL 3</u>	<u>BOISE</u>	<u>ID 83702</u>
(Name)	(Address)	(City)	(State) (Zipcode)

9. The name, capacity, and mailing address of at least one governor:

<u>BRIAN SETH</u>	<u>PRESIDENT</u>	<u>22315 7TH AVE S</u>	<u>DES MOINES</u>	<u>WA</u>	<u>98198</u>
(Name)	(Capacity)	(Address)	(City)	(State)	(Zipcode)
(Name)	(Capacity)	(Address)	(City)	(State)	(Zipcode)

Typed Name: BRIAN SETH

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

Capacity: PRESIDENT

Secretary of State use only

IDAHO SECRETARY OF STATE

03/29/2016 05:00

CK:1998 CT:322406 BH:1520839

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C209350

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,  
hereby issue this

**CERTIFICATE OF EXISTENCE  
OF  
AGENCY INSURANCE CONSULTANTS, INC.**

**I FURTHER CERTIFY** that the records on file in this office show that the above named entity  
was formed under the laws of the State of Washington and that its public organic record  
was filed in Washington and became effective on 3/3/2005.

**I FURTHER CERTIFY** that the entity's duration is Perpetual,  
and that as of the date of this certificate, the records of the Secretary of State  
do not reflect that this entity has been dissolved.

**I FURTHER CERTIFY** that all fees, interest and penalties owed to this state and collected  
through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary  
of State for filing and that proceedings for administrative dissolution are not pending.

Date: March 17, 2016

UBI: 602-479-082

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

Kim Wyman, Secretary of State

