

State of Idaho

Office of the Secretary of State

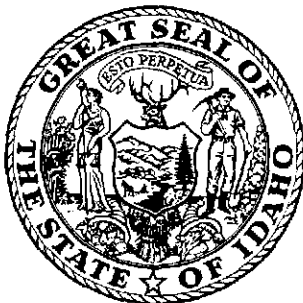
**CERTIFICATE OF REGISTRATION
OF
JAMES B. BLACK & ASSOCIATES INSURANCE, INC.**

File Number C 207871

I, LAWRENCE 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: November 23, 2015



Lawrence Denney
SECRETARY OF STATE

By _____

John B. ...



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.

2015 NOV 23 AM 9:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: James B. Black + Associates, Insurance, 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:

- ☒ Business Corporation ☐ General Partnership
☐ Nonprofit Corporation ☐ General Cooperative Association
☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership)
☐ Limited Liability Company ☐ 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: State of Washington
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:
7407 N. Division Suite D Spokane WA 99208
 (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)

8. Name and street address of registered agent in Idaho: 1900 Northwest Blvd
Registered Agents, Inc Ste 106A Coeur d'Alene, ID 83814
 (Name) (Address) (City) (State) (Zipcode)

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

James B. Black 7407 N. Division Ste D Spokane, WA 99208
 (Name) (Capacity) (Address) (City) (State) (Zipcode)

(Name) (Capacity) (Address) (City) (State) (Zipcode)

Typed Name: James B. Black

Signature: James B. Black

Capacity: President

Secretary of State use only

IDAHO SECRETARY OF STATE

11/23/2015 05:00

CK: 7260 CT: 317143 BH: 1501587

1@ 100.00 = 100.00 FOR REG ST #2

1@ 20.00 = 20.00 CORP SUR #3

C207871

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/AUTHORIZATION
OF

JAMES B. BLACK & ASSOCIATES 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 3/10/1997.

I FURTHER CERTIFY that as of the date of this certificate, **JAMES B. BLACK &
ASSOCIATES INSURANCE, INC.** remains active and has complied with the filing
requirements of this office.

Date: November 17, 2015

UBI: 601-775-338



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

A handwritten signature in cursive script that reads "Kim Wyman".

Kim Wyman, Secretary of State