



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

For Office Use Only

-FILED-

File #: 0003345492

Date Filed: 11/7/2018 12:28:00 PM

1. The name of the entity is: APS Placement, LLC
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:

<input 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 checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.)	
4. Jurisdiction of formation: MI
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
5664 Prairie Creek Drive, Caledonia, MI 49316
(Street Address)

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

(Street Address)

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

(Address)
8. The name of the registered agent and street address of registered agent in Idaho:
Corporation Service Company, 12550 W. Explorer Drive, Suite 100, Boise, ID 83713
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Acrisure, LLC</u>	<u>Manager</u>	<u>5664 Prairie Creek Drive, Caledonia, MI 49316</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

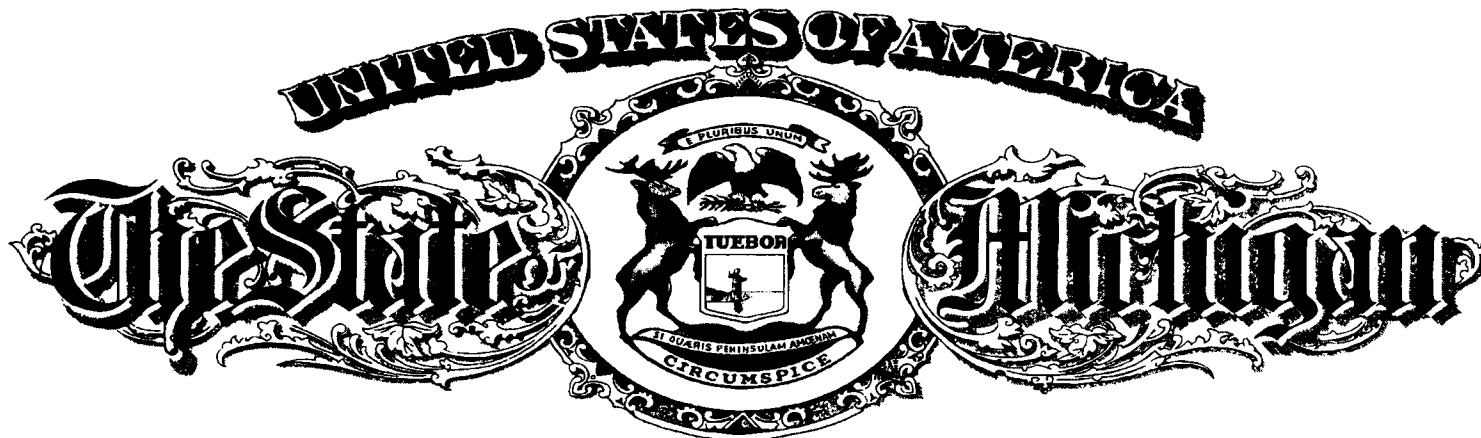
Signature: _____

Adam C. Reed

Typed Name: Adam C. Reed

Capacity: EVP/Secretary of Manager- Acrisure, LLC

Secretary of State use only



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

APS PLACEMENT, LLC

was validly authorized on October 24 , 2018, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY.

I further certify that the Articles or Organization are in full force and effect as of this date.

I further certify that this certificate is not intended to reflect that it has met its annual filing obligations.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 18119033820

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 6th day of November , 2018.*

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau