

# State of Idaho

Office of the Secretary of State

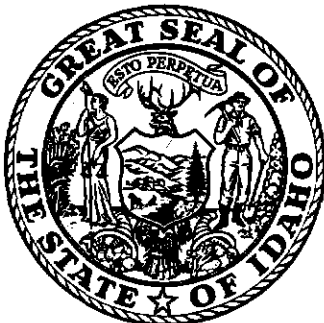
**CERTIFICATE OF AUTHORITY  
OF  
CHP INSURANCE AGENCY, LLC**

File Number W 111427

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 Uniform Limited Liability 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: February 24, 2012



*Ben Yursa*

SECRETARY OF STATE

By

*[Signature]*



# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 FEB 24 AM 9:22

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

CHP Insurance Agency, LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

3. The jurisdiction under whose laws the limited liability company is formed is: MA

4. The name and complete street address of the registered agent in Idaho is:

National Corporate Research, LTD 921 South Orchard Street, Suite G, Boise, ID 83720

5. The street and mailing address of the limited liability company's principal office is:

2077 Roosevelt Avenue, Springfield, MA 01104

Street Address

Same

Mailing Address, if different

6. The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

2077 Roosevelt Avenue, Springfield, MA 01104

Street Address

Same

Mailing Address, if different

7. The name and mailing address of at least one member or manager:

Deborah K. Saremi

2077 Roosevelt Avenue, Springfield, MA 01104

8. The mailing address for future correspondence:

2077 Roosevelt Avenue, Springfield, MA 01104

9. Signature of a manager, member or authorized person.

Signature

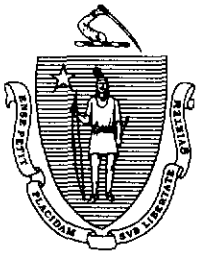
Deborah K. Saremi

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/24/2012 05:00  
CK: 24760 CT: 245713 BH: 1312060  
1 @ 100.00 = 100.00 REGFORGLLC # 2

W111427



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

January 5, 2012

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**CHP INSURANCE AGENCY, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **May 31, 2005.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:  
**DEBORAH K SAREMI**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **DEBORAH K SAREMI**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **DEBORAH K SAREMI**



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth