9360-10565



CERTIFICATE OF AUTHORITY OF

AGRICULTURE	TNRIBANT	CROTTE	CORPORATION	

I, PETE 1. CENARRUSA,	Secretary of State of the State of Idaho, hereby certify that
duplicate originals of an Applicat	ion of AGRICULTURE INSURANCE GROUP CORPORATION
***	for a Certificate of Authority to transact business in this State.
duly signed and verified pursuant	to the provisions of the Idaho Business Corporation Act, have
been received in this office and a	re found to conform to law.
ACCORDINGLY and by vir	tue of the authority vested in me by law. I issue this Certificate of
Authority toACRICULTURE	INSURANCE GROUP CORPORATION
to transact business in this State u	nder the name AGRICULTURE INSURANCE GROUP
CORPORATION	and attach hereto a duplicate original of the Application
for such Certificate.	

Dated November 02, 1990



SECRETARY OF STATE

Corporation Clerk

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

		RECEIVED reigned Corporation hereby applies force Certificate of ourpose submits the following statement: ICULTURE INSURANCE GROUPHOR OR TION
The name of the corporati	ion is	
2. The name which it shall us	se in Idaho isAGR	ICULTURE INSURANCE GROUP CORPORATION
	quired to avoid a conflict w tion adopting assumed name	ith a name already on file. Must be accompanied by a in Idaho.)
3. It is incorporated under th	e laws of Mon	tana .
4. The date of its incorporati	on is July 24.	1990 and the period of its duration
is perpetual		
5. The address of its principal	al office in the state or count	ry under the laws of which it is incorporated is
• •		reat Falls, Montana 59404
		ssed, if different from that in item 5.
o. The address to winer corr	espondence anound be addre	ssed, if different from that in feeling.
The execute address of its se-		
. The street address of its pr	oposed registered office in Id	aho is 1029 Main Street,
		aho is, and the name of its proposed
Lewist	on, Idaho 83501	
Lewist	on, Idaho 83501 at that address isPh	, and the name of its proposed
registered agent in Idaho a 3. The purpose or purposes Any legally permi	on, Idaho 83501 at that address is Ph which it proposes to pursue tted activity, with	ilip Stonebraker in the transaction of business in Idaho are: its principal purpose being to engage
registered agent in Idaho a 8. The purpose or purposes Any legally permi in all acts and a	on, Idaho 83501 at that address isPh which it proposes to pursue in tted activity, with activities concerning	ilip Stonebraker in the transaction of business in Idaho are: its principal purpose being to engage or related to the owning and operation
registered agent in Idaho a 8. The purpose or purposes Any legally permi in all acts and a	on, Idaho 83501 at that address is Ph which it proposes to pursue tted activity, with activities concerning meral insurance agence	, and the name of its proposed ilip Stonebraker in the transaction of business in Idaho are: its principal purpose being to engage or related to the owning and operation y.
registered agent in Idaho a 8. The purpose or purposes Any legally permi in all acts and a of a managing gen	on, Idaho 83501 at that address is Ph which it proposes to pursue tted activity, with activities concerning meral insurance agence	, and the name of its proposed ilip Stonebraker in the transaction of business in Idaho are: its principal purpose being to engage or related to the owning and operation y.
registered agent in Idaho a 8. The purpose or purposes Any legally permi in all acts and a of a managing gen 9. The names and respective	on, Idaho 83501 at that address isPh which it proposes to pursue intended activity, with activities concerning meral insurance agence addresses of its directors and	, and the name of its proposed ilip Stonebraker in the transaction of business in Idaho are: its principal purpose being to engage or related to the owning and operation Y. id officers are:
registered agent in Idaho a 8. The purpose or purposes Any legally permi in all acts and a of a managing gen 9. The names and respective	which it proposes to pursue intended activity, with activities concerning peral insurance agence addresses of its directors and office Dir./Pres.	, and the name of its proposed ilip Stonebraker in the transaction of business in Idaho are: its principal purpose being to engage or related to the owning and operation Y. Id officers are: Address
registered agent in Idaho a 8. The purpose or purposes Any legally permi in all acts and a of a managing gen 9. The names and respective Name Kenneth Scally Hazel Granger	which it proposes to pursue intended activity, with activities concerning peral insurance agence addresses of its directors and office Dir./Pres.	, and the name of its proposed ilip Stonebraker in the transaction of business in Idaho are: its principal purpose being to engage or related to the owning and operation y. Id officers are: Address 26254 Centennial Trail, Golden, CO 80401
registered agent in Idaho at 8. The purpose or purposes Any legally permi in all acts and a of a managing gen 9. The names and respective Name Kenneth Scally	con, Idaho 83501 at that address isPh which it proposes to pursue in tted activity, with activities concerning meral insurance agence addresses of its directors an Office Dir./Pres. Exec.V.P./Treas.	
registered agent in Idaho and a control of a managing gent of the names and respective Name Kenneth Scally Hazel Granger	con, Idaho 83501 at that address isPh which it proposes to pursue in tted activity, with activities concerning meral insurance agence addresses of its directors an Office Dir./Pres. Exec.V.P./Treas.	and the name of its proposed ilip Stonebraker in the transaction of business in Idaho are: its principal purpose being to engage or related to the owning and operation y. id officers are: Address 26254 Centennial Trail, Golden, CO 80401 66 Treasure St. Dr., Great Falls, MT 594
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Name	Office		Address
			
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	estratificament and any analysis of the second and		

	hall comply with the pro	ovisions of the Cons	titution and the laws of the State o
Idaho.	•		
1. This Application is accompani	ied by a certificate of Co	orporate Status or E	existence, duly authenticated by the
proper officer of the state			
Dated: 10/30/90			
	AGRT	CULTURE INSURA	NCE GROUP CORPORATION
			tion Name)
	By Ben	with P.	death
	Ву	Its President/Wite	KENESICENS (please specify)
	and Lu	an allen)	Secretary
	and		SOME SON STORY (please specify)
STATE OF COLORADO)		
COUNTY OF) ss:)		
	illips		
		, a nota	ary public, do hereby certify that on
his 30th day	of October		90 , personally appeared before
Kenneth P. Scally	<i>t</i>	who being by me	first duly sworn, declared that (s)he
sthe President			
s the	of Asiceon	TOTAL TROOTVICE	GIOOT COM CAVITION
hat (s)he signed the foregoing docu	ment as Pro	esident	of the corporation and that
he statements therein contained ar			•
	(. 4	ρ
	m	ary Leur Notary Pu	Gullips
My commission expire		Notary Pu	blic /

SECRETARY OF STATE

STATE OF MONTANASEC. OF STATE

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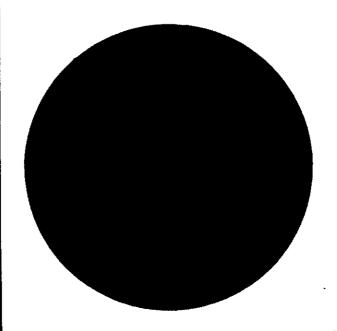
CERTIFICATE OF GOOD STANDING

I, MIKE COOMEY, Secretary of State of the State of Montana do hereby certify that AGRICULTURE INSURANCE GROUP CORPORATION duly filed its Articles of Incorporation in this office on

July 24, 1990

and on that date was created a body politic and corporate.

I further certify that no notice or decree of dissolution has been placed on record in this office by said corporation and that so far as my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact its business and conduct its affairs in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana at Helena, the Capital, this 26th day of September, A.D. 1990.

MIKE COONEY Secretary of State