State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

SHIEL SEXTON COMPANY, INC.

File Number C 212032

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: December 12, 2016

THE TOTAL

SECRETARY OF STATE



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in <u>duplicate</u>.

2016 DEC 12 AM 11: 37

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the entity is: Shiel Sexton Company, Inc.						
2.	The name which it shall use in	Idaho ie:					
	3. Select the type of entity you wish to register: (Enter a name here, only if you are required to adopt an alternate name)						
•	☑ Business Corporation ☐ General Partnership						
	☐ Nonprofit Corporation		eral Cooperative	. Associa	ation		
	☐ Limited Liability Partnership				g a limited liability limited partners	shin	
	☐ Limited Liability Company	☐ Statu	itory Trust, Busii	ness Tru	ist, or Common-law Business Trus	st	
	☐ Other:						
	(Use "Other" only if your		ol listed above, and	enter the	(ype here.)	·	
4.	Jurisdiction of formation: India	ana (Provid	e the domestic juriso	diction who	are the entity was formed)		
5.	he address of its principal office is:						
	02 N. Capitol, Indianapolis, IN 46204 Street Address)						
	(Opper world 99)						
	(Malling Address, if different)				<u> </u>		
6.	The address of its domestic pri	e 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.	ame and street address of registered agent <u>in Idaho</u> :						
	defined Desident Asset Inc. 2010 0 1 10 0 0						
	(Name)		dress)	<u> </u>	, c, boise, ib 65705	(CRA083)	
9.	The name, capacity, and mailing	or address of at la	ast one govern				
	Michael T. Dilts	President	-		odiananalia INI 40004		
	(Name)	(Capacity)	(Address)	Jitoi, iii	dianapolis, IN 46204		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	(Name)	(Capacity)	(Address)				
	1 1 1					<u> </u>	
	Jull?			yla			
Т	yped Name: Nicole Staton	Michael	T. Dilks	\$4 1			
•	10-01	01 0	3	18 E	IDAHO SECRETAR	Y OF ያ ሞአምድ	
S	ignature:	that _		ry of S	12/12/201	6 05:00	
С	apacity: Paralegal	Presid	ent	Secretary of State use only	CK:255296 CT:3321		
Rev. O	¥2015			1	16 20.00 = 20.00		

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SHIEL SEXTON COMPANY, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 03, 1972, and was in existence or authorized to transact business in the State of Indiana on December 12, 2016.

I further certifiy this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 12, 2016

Corrie Lamon

CONNIE LAWSON
SECRETARY OF STATE

197202-086 / 2016168786

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate