# State of Idaho

Office of the Secretary of State

#### CERTIFICATE OF REGISTRATION

OF

## **ALIGNMINT INSURANCE SOLUTIONS, LLC**

### File Number W 194260

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: January 11, 2018

THE STATE OF THE S

SECRETARY OF STATE

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# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2018 JAN 11 PM 2: 41

SECRETARY UF STATE STATE OF IDAHO

1.	The name of the entity is: ALIGNMINT INSURANCE SOLUTIONS, 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) ect 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									
	Other:(Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.)									
4.	Jurisdiction of formation: DE	(Denvide	a the demontic juris	diation was	a the antity was farmed)					
5.	(Provide the domestic jurisdiction where the entity was formed)  The address of its principal office is:  1111 Broadway, Floor 3, Oakland, CA 94607  (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 <u>in Idaho:</u> 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:								
Alignmint, Inc.		Member	1111 Broa	adway, Floor 3, Oakland, CA 94607						
(Name)		(Capacity)	(Address)							
(Name)		(Capacity)	(Address)							
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				) fee	IDAHO SECRETARY OF STATE					
	Signature: <u>Heidi Law</u>			e use only	01/11/2018 05:00					
	Signature. <u>y reuce Law</u>	con		te t	CK: PREPAID CT: 1187 BH: 1620813					

Secretary of State us

CK:PREPAID CT:1157 BH:1620818 10 100.00 = 100.00 FOR REG ST #2 10 20.00 = 20.00 EXPEDITE C #3

W194260

Typed Name: Heidi Ann Lawson

Capacity: President of Alignmint, Inc.- it's Member



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ALIGNMINT INSURANCE SOLUTIONS, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALIGNMINT INSURANCE SOLUTIONS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 201926731

Date: 01-05-18