





# Office of the secretary of state, Phil McGrane

# FOREIGN REGISTRATION STATEMENT (BUSINESS CORPORATION)

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0005216840

Date Filed: 5/10/2023 3:21:59 PM

Foreign Registration Statement (Business Corporation)

Select one: Standard, Expedited or Same Day Service (see

descriptions below)

Standard (filing fee \$100)

1. The name this business corporation will use in Idaho is:

Type of Corporation

Foreign Business Corporation

Entity name Michael L. Harris Insurance Agency, Inc.

The name of the business corporation in its home jurisdiction as shown on the attached certificate of existence/good standing: Michael L. Harris Insurance Agency, Inc.

Upload or Mail a one page PDF of a Certificate of

Existence/Good Standing from the home jurisdiction dated

within 90 days of today.

2. Home Jurisdiction

The jurisdiction of formation is:

WASHINGTON

3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Street Address

13317 NE 12TH AVE

STE 117

VANCOUVER, WA 98685

4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Mailing Address None

5. The complete street address of the principal office is:

Principal Office Address

13317 NE 12TH AVE

**STE 117** 

VANCOUVER, WA 98685

6. The mailing address of the principal office is:

Mailing Address 13317 NE 12TH AVE

STE 117

VANCOUVER, WA 98685-2731

7. Registered Agent Name and Address

Registered Agent

Registered Agent Jordan Harris Physical Address: 706 ELM ST MOSCOW, ID 83843

Mailing Address:

706 ELM ST

MOSCOW, ID 83843-4123

I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

#### 8. Governors

Name	Title	Address
Michael L Harris	Presidant	13317 NE 12TH AVE STE 117 VANCOUVER, WA 98685



Signature of individual authorized by the entity to sign:	
Michael L Harris	05/10/2023
Sign Here	Date
Job Title: Presidant	

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Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## **CERTIFICATE OF EXISTENCE**

**OF** 

## MICHAEL L. HARRIS INSURANCE AGENCY, INC.

**I CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 06/13/2002.

**I FURTHER CERTIFY** that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 05/02/2023 UBI Number: 602 212 656



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 05/02/2023