



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2014 NOV 21 PM 2:15

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

AMT Workforce Benefits

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

AMT Warranty Corp.

59 Maiden Lane, 43rd Floor, New York NY 10038

(C166816)

3. The general type of business transacted under the assumed business name is:

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Attn: Janie V. Clark

800 Superior Avenue E., 21st Floor

Cleveland OH 44114

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Attn: Janie V. Clark

800 Superior Avenue E., 21st Floor

Cleveland OH 44114

Signature: Janie V. Clark

Printed Name: Janie V. Clark

Capacity/Title: Assistant Secretary

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/21/2014 05:00

CK:PREPAID CT:1157 BH:1450335
1@ 25.00 = 25.00 ASSUM NAME #2

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