State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

SONOMA RISK MANAGEMENT, LLC

File Number W 176030

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 27, 2016

THE OF COLUMN

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 <u>duplicate</u>.

2016 DEC 27 AM 9: 37

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the entity is: Sonoma Risk Management, LLC					
2.	The name which it shall use in Idaho is:					
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					
☐ Nonprofit Corporation ☐ General Cooperative Association				tion		
☐ Limited Liability Partnership ☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership						
☑ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Bu				st. or Common-law Business Trust		
	☐ Other:					
4.	Use "Other" only if your foreign entity type is not listed above, and enter the type here.) Jurisdiction of formation: Delaware					
	(Provide the domestic jurisdiction where the entity was formed)					
5. The address of its principal office is: 101 California Street, Suite 825, San Francisco, CA 94111-0700						
	(Street Address)	eet Address)				
P.O. Box 469011, San Antonio, TX 7824-9011 (Mailing Address, if different)						
_						
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:					jurisdiction of formation) is:	
	Street Address)					
	(Mailing Address, if different)	Mailing Address, if different)				
7. The mailing address to which correspondence should be addressed, if different from item 5, is:					fferent from item 5 is:	
	(Address)					
3. Name and street address of registered agent <u>in Idaho</u> :						
	lational Registered Agents Inc 921 S Orchard Street Suite G Boise ID 83705					
(Address)						
9. The name, capacity, and mailing address of at least one governor:						
	Craig S Comeaux	Manager				
	(Name)	(Capacity)	(Address)	301	, San Artonio, 1 × 70240-9011	
	Barbara L Sutherland	Manager		:Q011	, San Antonio, TX 78246-9011	
	(Name)	(Capacity)	(Address)	301	, Gail Altolio, 1A 76246-9011	
				ł		
				S IDAHO SECRETARY OF STATE		
Typed Name: Craig S. Comeaux				nse	12/27/2016 05:00	
				tate	CK:4085539 CT:277756 BH:1560948 10 100.00 = 100.00 FOR REG ST #2	
Signature:						
	Mana			Secretary of State use only	W176030	
Capacity: Manager				ecre	10110000	

Rev. 08/2015



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

DELAWARE, DO HEREBY CERTIFY "SONOMA RISK MANAGEMENT, 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 TENTH DAY OF OCTOBER, A.D. 2016.

3609936 8300 SR# 20166130894

Authentication: 203132853

Date: 10-10-16